


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000077253
 1. Entity Name
E&I ENTERPRISES INC.



Principal Place of Business 128 N.E. 1ST STREET MIAMI, FL 33132	Mailing Address 128 N.E. 1ST STREET MIAMI, FL 33132
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02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0944734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ISSA, NASRUDDIN
 128 N.E. 1ST STREET
 MIAMI, FL 33132

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISSA, NASRUDDIN 128 N.E. 1ST STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISSA, SHABANA N 128 N.E. 1ST STREET MIAMI, FL 33132
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 03/06/06-80009-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nasruddin Issa 2-2-06 786-425-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayenne Phone #