

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086302

Entity Name: FIBU ENTERPRISES, INC.

FILED  
Jan 24, 2005  
Secretary of State

## Current Principal Place of Business:

18520 NW 67TH AVE  
222  
HIALEAH, FL 33015 US

## New Principal Place of Business:

## Current Mailing Address:

19701 WEST LAKE DR  
HIALEAH, FL 33015 US

## New Mailing Address:

FEI Number: 65-0966234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMON, MOSES  
19701 WEST LAKE DR  
HIALEAH, FL 33015 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OGISTE, WENDELL JOHN  
Address: 19701 WEST LAKE DR  
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete  
Name: MOSES, JUSTIN  
Address: 19701 WEST LAKE DR  
City-St-Zip: HIALEAH, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOSES, JUSTIN  
Address: 19701 WEST LAKE DR  
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Change (X) Addition  
Name: MOSES, SIMON  
Address: 19701 WEST LAKE DR  
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN MOSES

D

01/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date