2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # S03611 1. Entity Name 6401 ENTERPRISES INC.						•		0046 022 ***150		
Principal Plac	e of Business	Mailing Address				300	· • ·			
6195 W 19TH AVE		6195 W 19TH AVE		,	• .					
OFFICE		OFFICE				•				
HIALEAH, FL 33012-6013 US		HIALEAH, FL 33012-6013 US				Liernen	. PYRE (III) ENEL (1861 1861	SISII AISII RIBII AIBII BISII AI		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03272008	Chg-P	CR2E034 (12/06)		
City & State		City & State				4. FEI Numb		⊢	pplied For lot Applicable	
Zip	Country	Zip	Count	ry		5. Certificate	of Status Desired	□ \$8.75 Ac Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
				Name SANCLEZ PEDRO						
SANCHEZ, CARLOS E 6195 W 19TH AVE + OFFICE HIALEAH, FL 33012				Street Address (P.O. Box Number is Not Acceptable)						
HIALEAM, PL 33012				BY W 17 8						
					City HISLEN FL Zip Code 33010					
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 Solution of 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. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE	P	Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	SANCHEZ, CARLOS E 6195 W 19 AVE + OFFICE		NAME STRE	: Et address						
CITY-ST-ZIP	HIALEAH, FL 330126013			ST-ZIP						
TITLE	· · ·	☐ Delete	TITLE		P	· · · - ·		☐ Change	Addition	
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STREET ADDRESS				et address						
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NAME CTREET ADORGOS			NAMI	et address	[
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					ľ	
12. I hereby	I certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	or the exe	emptions o	ontained ave the s	in Chapter 11	9, Florida Statutes. 1	further certify that the	information er or director	

of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attactyrient with an address, with all other like empowered.

SIGNATURE SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR