

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S11160	
1. Entity Name FLAMINGO ENTERPRISES, INC.	



Principal Place of Business 8360 W OAKLAND PARK BLVD 201 SUNRISE, FL 33351 US	Mailing Address 8360 W OAKLAND PARK BLVD 201 SUNRISE, FL 33351 US
---	---



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0235284	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MREJEN, ARIE P.A. 701 W CYPRESS CREEK RD SUITE 302 FT LAUDERDALE, FL 33309
--

DO NOT WRITE IN THIS SPACE

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, 2005 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	DP KADOCH, DAVID 1250 NW FLAMINGO RD PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARONE, LUIZ 8360 WEST OAKLAND PARK BLVD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZOUR, ISRAEL 1000 ISLAND BLVD APT 602 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JUAN C 8360 W. OAKLAND PARK BLVD. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOERSTER, BRUCE 4045 SHERIDAN AVE #432 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDIOLA, JOSE 1431 NW 139TH AVE SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

U00000333565
04/27/05-80008-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: BRUCE S. FOERSTER VICE PRESIDENT AND CFO 22 APR 2005 954 749 2038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #