2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V11486

1. Entity Name
SIMOWICZ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3456 S OCEAN BLVD	3456 S OCEAN BLVD
APT 505	APT 505
PALM BEACH, FL 33480 US	PALM BEACH, FL 33480 US

DO NOT WRITE IN THIS SPACE

03312005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0309860	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

SIMOVICH, ENRIQUE
3456 S OCEAN BLVD
APT 505
PALM BEACH, FL 33480

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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, 2005 Fee will be $550.00

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

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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMOVICH, ENRIQUE
STREET ADDRESS	3456 S OCEAN BLVD #505
CITY-ST-ZIP	PALM BEACH, FL

TITLE	VD
NAME	SIMOVICH, SARA
STREET ADDRESS	3456 S OCEAN BLVD #505
CITY-ST-ZIP	PALM BCH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000389233
04/06/05-80017-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   04-01-05   561/5823033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #