## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2006 8:00 am Secretary of State

1. Entity Name	MENT # V17747 ENTERPRISES, INC.					04-12-2	:006 9008	0 018 ***	150.00
Principal Place	e of Business	Mailing Address				400470	33		
17000 N BAY	Y ROAD	17000 N BAY ROAD				,			
# 601 SUNNY ISLES BEACH, FL 33160		# 601 Sunny isles beach, FL 33160							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04062006	Chg-P	CR2E	034 (11/05)	
City & State	9	City & State			4. FEI Numbe 65-031				plied For t Applicable
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered		
DAVIDOVI	C ROBERT		Name						
DAVIDOVIC, ROBERT 1700 N BAY ROAD # 601			Street A	Street Address (P.O. Box Number is Not Acceptable)					
SUNNY IS	LES BEACH, FL 33160								
			City				FL	Zip Code	3
	named entity submits this statement foi ions of registered agent.	r the purpose of changing its re	egistered office of	r register	ed agent, or bo	h, in the State of	Florida. I am	familiar with,	and accept
-	,					•			
SIGNATURE_	Signature, typed or printed name of registered agent	and title d applicable (NOTE: I	Registered Agent signat	ure required	when reinstating)		DATE		
FILI	Signature, typed or printed reme of registered agent  E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig	n Financing	\$5.	00 May Be ed to Fees		DATE		
FILI	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib	n Financing	<b>\$5.</b> Add	00 May Be ed to Fees ADDITIONS/	CHANGES TO O		D DIRECTORS	3 IN 11
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 OFFICERS AND	9. Election Campaig Trust Fund Contrib	n Financing oution.	\$5.	00 May Be ed to Fees ADDITIONS/	CHANGES TO O		D DIRECTORS Change	S IN 11
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12. Thereby 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 eath; 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.

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT

DAVIDOVIC

4/7/0

786-246-6669

Daytime Phone #