

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90144 039 \*\*\*150.00

**DOCUMENT # V43657**

1. Entity Name  
**ENTERPRISE PRODUCTIONS ASSOC., INC.**



Principal Place of Business  
**C/O 200 S. BISCAYNE BLVD., #2350 ~~#3000~~**  
**MIAMI, FL 33131 US**

Mailing Address  
**200 S. BISCAYNE BLVD**  
**~~2350~~ ~~#3000~~**  
**MIAMI, FL 33131 US**

**50047112**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 3000**

Suite, Apt. #, etc.  
**SUITE 3000**

03162005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0339907**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLOTO, JAMES R**  
**MISHAN, SLOTO, GREENBERG & HELLINGER**  
**200 S. BISCAYNE BLVD., SUITE 2350**  
**MIAMI, FL 33131**

Name  
**JAMES R. SLOTO**

Street Address (P.O. Box Number is Not Acceptable)  
**SLOTO + ASSOCIATES, P.L.**

**200 S. BISCAYNE BLVD. #3000**

City  
**MIAMI**

FL

Zip Code  
**33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD**  
**AUSZENKER, JOSEFA E**  
**16485 COLLINS AVE., #1938501**  
**MIAMI BEACH, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #