


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M39006 1. Entity Name 2990 ENTERPRISES INC.	
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Principal Place of Business 6195 W 19TH AVE # OFFICE HIALEAH, FL 33012-6013	Mailing Address 6195 W 19TH AVE # OFFICE HIALEAH, FL 33012-6013
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04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2736073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SANCHEZ, CARLOS
6195 W 19TH AVE
OFFICE
HIALEAH, FL 33012-6013

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 _____ DATE _____
Signature: typed or printed name of registered agent and file if applicable NOTE: Registered Agent signature required when retaining)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, CARLOS 6195 W 19TH AVE, # OFFICE HIALEAH, FL 330126013
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05/09/07-80031-011 150.00

12. I hereby 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 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:  21-17-2007 305-822-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #