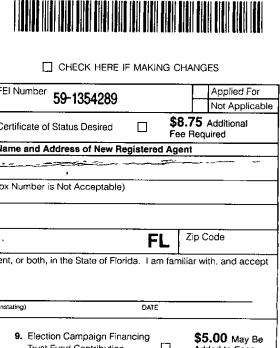
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#** 385589

1. Entity Na ANACAO	<sup>me</sup> NA & LONJEFF, INC.		·		02-17-200	03 90282 04	4 ***1	50.00
Principal Place of Business 8751 N W 99 STREET MEDLEY FL 33178-2944 US		Mailing Address 8751 N W 99 STREET MEDLEY FL 33178-2944 US			#			
2. Principal Place of Business		3. Mailing Address			<u> </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-1354289			pplied For ot Applicable	
Zip Country		Zip Cour		try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			ditional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New I			-
				Name				
->Berry,lo 13455 SW		-	Street Address	(P.O. Box Number is Not Acceptabl	9)			
MIAMI FL 33156 خيست.						****		
			-	City			Zin Coo	
		, <u></u>		•		FL	Zip Cod	
the above	e named entity submits this statement for tions of registered agent.	or the purpose of changing	j its registere	d office or registe	ered agent, or both, in the State of Fi	orida. I am fam	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (1	NOTE: Registered	Agent signature require	ed when reinstation)	DATE		
	*	,			oo whom ramatasig)			
Afte	FILE NOW!!! FEE IS \$150.00 r.May 1, 2003 Fee will be \$550.00 k gayable to Florida Department o	f State			9. Election Campaign Fi Trust Fund Contribution	· · ·	<b>\$5.0</b> Adde	00 May Be d to Fees
10.	OFFICERS AND		11.	·	ADDITIONS/CHANGES TO OFF	ICERS AND DI	DECTOR	© IN 11
TITLE	PD			T	ADDITIONAL CHANGES TO OFF		Change	Addition
NAME	BERRY,LORENZO D	RRY,LORENZO D				_	_ oge	
STREET ADDRESS	13455 SW 58 CT.		STRE					
CITY-ST-ZIP	MIAMI FL		CITY-:	ST-ZIP				
TITLE NAME	BERRY,FLERIDA	☐ Delete	TITLE				] Change	☐ Addition
STREET ADDRESS	13455 SW 58 CT.		NAME STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		-	ST-ZIP				
TITLE	D	☐ Delete	TITLE				] Change	Addition
	BERRY,LORENZO.D.III	والمنطقة المستحد الأراب والمستحد	NAME					
STREET ADDRESS CITY-ST-ZIP	16240 SW 89 PL			T ADDRESS		<del>-</del> -		
	MIAMI FL		CITY-S	SI-ZIP				
TITLE NAME	ID  BERRY, JEFFREY M.	☐ Delete	TITLE NAME	ŀ		. $\square$	] Change	☐ Addition
STREET ADDRESS	16260 SW 89 PL			r address				
CHTY-ST-ZIP	MIAMI FL		CITY-S	l l				
TITLE	7-1	☐ Delete	TITLE		<u> </u>		Change	☐ Addition
NAME			NAME				Juliango	
STREET ADDRESS			STREET	T ADDRESS				
CITY-ST-ZIP		7 <u>1</u> = 1	CITY-S	ST-ZIP				
TITLE NAME		☐ Delete	TITLE		1		Change	Addition

**FILED** Feb 17, 2003 8:00 am Secretary of State



CITY-ST-ZIP 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 one incomplete the proposered.

STREET ADDRESS

SIGNATURE: \_C

STREET ADDRESS

Daytime Phone #

CR2E034 (10/02)