2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # G24130 Entity Name AMERICAN NATIONAL FILMS, INC. Principal Place of Business Mailing Address 1204 WATERVIEW CT. FT. LAUDERDALE FL 33326 US 1204 WATERVIEW CT. FT. LAUDERDALE FL 33326 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2687926 Not Applied Zip Country Ζĭρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, PHILIP B. 777 BRICKELL AVE., STE. 1000 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Zip Code 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. (NOTE: Repulsared Agent signature required when romstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May 8: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change Accinio TITLE ☐ Detete TITLE U00000493622 RIPPS, M.A. MAME NAME 04/20/06-80012-015 150.00 STREET ADDRESS STREET ADDRESS 1204 WATERVIEW CT. CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE Delete THILE Change NAME GURWITCH, HARRY NAME STREET ADDRESS 1204 WATERVIEW CT. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Detote Addition TITLE SITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP TITLE Defete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete THEF ☐ Change ☐ Adoltion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZUP 157LE Octete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**