2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44504

FILED Jan 09, 2006 Secretary of State

Entity Name: ANCHOR FENCE MANUFACTURING CORP.

Current Principal Place of Business:		New Principal Place of Business:		
3670 NW MIAMI, FL				
Current Mailing Address:		ss:	New Mailing Address:	
3670 NW MIAMI, FL				
FEI Number	: 59-2322813	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address o	of New Registered Agent:
TORRES, 13090 BIS		ID TERRACE		
V. MIAMI,	FL 33181	JS		
The above	FL 33181 l		purpose of changing its registered	d office or registered agent, or both,
The above	FL 33181 lenamed entity e of Florida. RE:	submits this statement for the		d office or registered agent, or both,
The above n the State	FL 33181 lenamed entity e of Florida. RE:			d office or registered agent, or both, Date
The above n the State	FL 33181 lenamed entity e of Florida. RE: Electro	submits this statement for the		
The above n the State SIGNATUI	FL 33181 lenamed entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().	gent	
The above n the State SIGNATUI	e named entity e of Florida. RE: Electrol mpaign Financin S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete CAR LUIS J, R. (NE ISL.TERR.	gent	Date
The above n the Status SIGNATUI Election Care OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electrol mpaign Financin S AND DIREC D (TORRES, OSC 13090 BISCAY N. MIAMI, FL 3	submits this statement for the nic Signature of Registered Ag g Trust Fund Contribution (). STORS:) Delete PAR LUIS J, R. NE ISL.TERR. 33181) Delete PAR,	gent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR TORRES PD 01/09/2006