


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 13, 2005 08:00 AM

Secretary of State

Pr. cert # 1262 1/10/05

| | |
|---|---|
| DOCUMENT # M13007 1. Entity Name ANNE NOUVELLE INC. |  |
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|---|---|
| Principal Place of Business 4812 S.W. 72ND AVENUE MIAMI, FL 33155 | Mailing Address 4812 S.W. 72ND AVENUE MIAMI, FL 33155 |
|---|---|

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2513702 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ALONSO, MANUEL A.
4812 S.W. 72ND AVENUE
MIAMI, FL 33155**

**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 this if applicable. (NOTE: Registered Agent signature required when restating)

**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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALONSO, MANUEL A. 4812 S.W. 72ND AVENUE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD ALONSO, EILEEN W. 4812 S.W. 72ND AVENUE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OLCESE, ANNA A 4812 SW 72ND AVENUE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALONSO, EILEEN 8620 MILLER DR. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/13/05-80004-021 150.00

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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: *Manuel A. Alonso Eileen W. Alonso V.P.* **1/10/05 305.665.4022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #