


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90005 027 \*\*\*158.75

**DOCUMENT # P0000072282**

1. Entity Name  
**ANCHORMINOTT INC.**



Principal Place of Business  
**2221 SHERMAN CIRCLE  
 E-204  
 HOLLYWOOD, FL 33025**

Mailing Address  
**P.O. BOX 834986  
 HOLLYWOOD, FL 33083**

08252004



2. Principal Place of Business  
**20401 NW 2ND AVE.  
 SUITE 207**

3. Mailing Address  
**20401 NW 2ND AVE  
 SUITE 207**

08252004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33169-2542**

Country

4. FEI Number  
**65-1033336**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MINOTT, ANDREW  
 4613 BISON STREET  
 BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent  
 Name  
**ANTOINETTE SINGH % NETWORKS NGINTENS INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3083 NW 19TH ST**  
 City  
**LAUDERDALE LAKES, FL** Zip Code  
**33311**

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 **9/8/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D MINOTT, ANDREW</b>	<b>4613 BISON STREET</b>	<b>BOCA RATON, FL 33428</b>	<input type="checkbox"/>
	<b>D ESCOFFERY, DELROY</b>	<b>7516 SW 6TH CT</b>	<b>N LAUDERDALE, FL 33068</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>20401 NW 2ND AVE, SUITE 207</b>	<b>MIAMI, FL 33169</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>20401 NW 2ND AVE, SUITE 207</b>	<b>MIAMI, FL 33169</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_ DATE **9/8/04**

Signature and typed or printed name of signing officer or director