

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90032 046 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040826

1. Entity Name
ANN ENDS RESULTS, INC.

Principal Place of Business Mailing Address
1271 NW 105TH AVENUE 1271 NW 105TH AVENUE
PLANTATION FL 33322 PLANTATION FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1101630** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOOMAR, L GREGORY ESQ.
1152 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Name **Bonnie Acampora**
 Street Address (P.O. Box Number is Not Acceptable)
1271 NW 105 Avenue
 City **Plantation, FL** Zip Code **33322**

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.

SIGNATURE *[Signature]* Director **Bonnie Acampora** **5/4/02** DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D ACAMPORA, BONNIE**
 STREET ADDRESS **1271 NW 105TH AVENUE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D EDRY, RACHEL**
 STREET ADDRESS **1271 NW 105TH AVENUE**
 CITY-ST-ZIP **PLANTATION FL 33322**
4273 NW 109th Terrace Sunrise, FL 33351

TITLE Change Addition
 NAME
 STREET ADDRESS **4273 NW 109 Terrace**
 CITY-ST-ZIP **Sunrise, FL 33351**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02 Date **954-581-4553** Daytime Phone

CR2E034 (9/01)