

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053903

FILED
Apr 16, 2004
Secretary of State

Entity Name: ANSO & 2, INC.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, STE 500
CORAL GABLES, FL 33134

New Principal Place of Business:

76355 ASHLEY COURT,
503H
ORLANDO, FL 32835

Current Mailing Address:

201 ALHAMBRA CIRCLE, STE 500
CORAL GABLES, FL 33134

New Mailing Address:

3947 PROMENADE SQUARE DRIVE
4014
ORLANDO, FL 32837

FEI Number: 76-0737400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AVELLAN, LILIANA V ESQ
201 ALHAMBRA CIRCLE, STE 500
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: D'AMBROSIO, SONIA
Address: 201 ALHAMBRA CIRCLE, STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: D'AMBROSIO, TERESA
Address: 201 ALHAMBRA CIRCLE, STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: NOVELLINO, ANGELO
Address: 201 ALHAMBRA CIRCLE, STE 500
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. (X) Change () Addition
Name: D'AMBROSIO, SONIA G SEC/TRE
Address: 3947 PROMENADE SQUARE DRIVE #4014
City-St-Zip: ORLANDO, FL 32837

Title: DIR. (X) Change () Addition
Name: D'AMBROSIO, TERESA M VICEPRE
Address: 3937 GARDEN PLAZA WAY # 5712
City-St-Zip: ORLANDO, FL 32837

Title: DIR. (X) Change () Addition
Name: NOVELLINO, ANGELO J PRESID.
Address: 3947 PROMENADE SQUARE DRIVE #4014
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELO J. NOVELLINO

PRES

04/16/2004

Electronic Signature of Signing Officer or Director

_____ Date