



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000150258 1. Entity Name ANPLA SERVICES, INC.						05 OCT -6 PM 2:35 SEC. OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT	
Principal Place of Business 1045 OLD FIELD DR. BRANDON, FL 33511		Mailing Address 1045 OLD FIELD DR. BRANDON, FL 33511					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-0484904		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		49 09132005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent ANDRADE, ROBERTO P 1045 OLD FIELD DR. BRANDON, FL 33511			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ANDRADE, ROBERTO P 1045 OLD FIELD DR. BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060916702 10/25/05--01030--002 **\$150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: <i>Roberto Andrade</i>				Date: 9/28/05		Daytime Phone #: (813) 486-3618	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

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09/07/2005

To Whom It may Concern:

This letter is to express that I did not received a letter telling what to pay on my Corporation , I simply request to have my corporation paid to your department. I am sending the \$ 150.00 dollars to cover that.

Thank You



Roberto P. Andrade Gonzalez
ANPLA Services, Inc.
P03000150258
1045 Old Field Dr.
Barndon Fl 33511