

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90164 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93000015095**

1. Entity Name  
**ANIBERN CORP.**

Principal Place of Business  
 505 S FLAGLER DRIVE  
 SUITE 900  
 WEST PALM BEACH, FL 33401

Mailing Address  
 VEIL MARK  
 505 S FLAGLER STE900  
 WEST PALM BEACH, FL 33401 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

4. FEI Number  
**85-0407768**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROMANIX, DAVID S**  
 3921 SW 64TH COURT  
 FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent  
 Name **MARK VEIL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**505 S. Flagler Drive, Ste 900**  
 City **West Palm Beach** FL Zip Code **33401**

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 **Mark D. Veil, President (MARK D. VEIL)** DATE **4-29-03**

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

10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P VEIL, MARK D 606 S FLAGLER DR #900 W PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mark D. Veil, President (MARK D. VEIL)** DATE **4-29-03** (56) 832-5292



CHECK HERE IF MAKING CHANGES

STATE TO VENDOR  
 3030 THE CIRCLE RD  
 SUITE 200  
 WEST PALM BEACH, FL 33411

CR20034 (10/02)