

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087633

**FILED
Sep 27, 2004
Secretary of State**

Entity Name: ANPIVE INC.

Current Principal Place of Business:

2790 NW 79TH AVE
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2790 NW 79TH AVE
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-0456041 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MANZANO, DIANA
20355 NE COURT
APT 2229
AVENTURA, FL 33180 US

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: V () Delete
Name: BERNEY, REYNALDO
Address: 2790 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

Title: PS () Delete
Name: MANZANO, DIANA
Address: 2790 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BERNEY, REYNALDO
Address: 6050 LAGORCE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: V (X) Change () Addition
Name: MANZANO, DIANA
Address: 2790 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

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: REYNALDO BERNEY

PS

09/27/2004

Electronic Signature of Signing Officer or Director

_____ Date