

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087633

FILED
Mar 03, 2009
Secretary of State

Entity Name: ANPIVE INC.

Current Principal Place of Business:

6925NW 52ND ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6925NW 52ND ST
MIAMI, FL 33166

New Mailing Address:

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

Name and Address of Current Registered Agent:

BERNEY, REYNALDO
5255 COLLINS AVE
APT 5C
MIAMI BEACH, FL 33140 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: P () Delete
Name: BERNEY, REYNALDO
Address: 5255 COLLINNS AVE
City-St-Zip: MIAMI BCH, FL 33140

Title: V () Delete
Name: MORENO, MARIO E
Address: 3440 NE 192ND ST APT 5B
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERNEY, REYNALDO
Address: 5255 COLLINNS AVE
City-St-Zip: MIAMI BCH, FL 33140

Title: VD (X) Change () Addition
Name: MORENO, MARIO E
Address: 3440 NE 192ND ST APT 5B
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIO E MORENO

VD

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date