
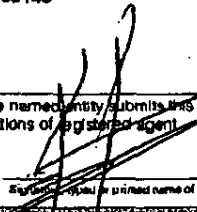
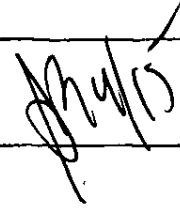
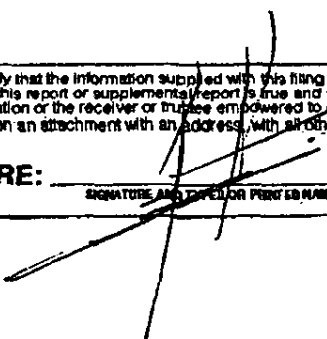


AMENDED
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED 04-07-2003 90977 014 ****61.25
P93000087633

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087633		
1. Entity Name ANPIVE INC.		
Principal Place of Business 2790 NW 79TH AVE MIAMI, FL 33122		Mailing Address 2790 NW 79TH AVE MIAMI, FL 33122
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 65-0456041		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$68.75 Additional Fee Required
6. Name and Address of Current Registered Agent BERNEY, REYNOLD 6060 LAGORCE DRIVE MIAMI, FL 33140		7. Name and Address of New Registered Agent Name DIANA MANZANO Street Address (P.O. Box Number is Not Acceptable) 20355 NE COURT APT 2229 Aventura, FL 33180 City FL Zip Code 33180
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 		DATE 4/3/03
<small>Signature of registered agent or principal name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)</small>		<small>DATE</small>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BERNEY, REYNALDO 2790 NW 79TH AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		PS DIANA MANZANO 2790 N.W. 79TH AVE MIAMI FL 33122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		REYNALDO BERNEY 2790 N.W. 79TH AVE. MIAMI FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 another like empowered.		
SIGNATURE: 		DATE: 04/03/03
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>

CFR2034 (10/02)