

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


FILED
Apr 03, 2003 8:00 am
Secretary of State

0309342 AV

04-03-2003 90137 032 ***150.00

DOCUMENT # P95000012805

1. Entity Name
ANOUCHKA V INVESTMENTS, INC.



Principal Place of Business
~~19931 N.E. 36TH PL~~
**1111 KANE CONCOURSE SUITE 401
AVENTURA FL 33180
US**

Mailing Address
~~19931 N.E. 36TH PL~~
**1111 KANE CONCOURSE SUITE 401
AVENTURA FL 33180
US**



2. Principal Place of Business
1111 KANE CONCOURSE
Suite, Apt. #, etc.
401

3. Mailing Address
1111 KANE CONCOURSE
Suite, Apt. #, etc.
401

CHECK HERE IF MAKING CHANGES

City & State
BAY HARBOR ISLAND

City & State
BAY HARBOR ISLAND

Zip
33154

Country
USA

Zip
33154

Country
USA

4. FEI Number **65-0657623**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SAKOWITZ, ALAN
C/O SAKOWITZ & SAKOWITZ CHARTERED
1111 KANE CONCOURSE SUITE 401
BAY HARBOR ISLANDS FL 33154**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	EGOZI, MAURICE
STREET ADDRESS	19931 NE 36TH PL
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **SIGNATURE REQUIRED**

DATE: **4/1/03** DAYTIME PHONE # _____

CR2E034 (10/02)