


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000046068

1. Entity Name
ANICO, INC.



Principal Place of Business	Mailing Address
NICOLA COSSENTINO 1551 S.W. 193RD AVE PEMBROKE PINES, FL 33029-6154	NICOLA COSSENTINO 1551 S.W. 193RD AVE PEMBROKE PINES, FL 33029-6154



03062006 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0778756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENTURA, JR, ENRIQUE J
255 UNIVERSITY DRIVE
CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS COSENTINO, NICOLA 1551 S.W. 193RD AVE PEMBROKE PINES, FL 330296154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COSENTINO, ANA 1551 S.W. 193 AVE PEMBROKE PINES, FL 330298154
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nicola Cosentino Date: 3/1/06 Daytime Phone #: 954 442 9893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR