




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000046068		
1. Entity Name ANICO, INC.		
Principal Place of Business NICOLA COSSENTINO 1551 S.W. 193RD AVE PEMBROKE PINES, FL 33029-6154		Mailing Address NICOLA COSSENTINO 1551 S.W. 193RD AVE PEMBROKE PINES, FL 33029-6154
DO NOT WRITE IN THIS SPACE		
		 01252007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0778756		Applied For <input type="checkbox"/> 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		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000807386 01/31/07 88034-006 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS COSSENTINO, NICOLA 1551 S.W. 193RD AVE PEMBROKE PINES, FL 330296154	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT COSSENTINO, ANA 1551 S.W. 193 AVE PEMBROKE PINES, FL 330296154	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/25/07 (305) 4673977 <small>Daytime Phone #</small>