


FILED
May 05, 2003 8:00 am
Secretary of State

04-17-2003 90163 005 ***150.00

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

DOCUMENT # P97000060586

1. Entity Name
ANPA, INC.



Principal Place of Business
**1821 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931
 US**

Mailing Address
**P.O. BOX 2638
 FORT MYERS BEACH FL 33931
 US**



2. Principal Place of Business
 Suits, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.


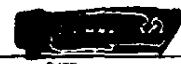
CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0768113** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAZZONETTO, ANDREA		Name	
1821 ESTERO BOULEVARD		Street Address (P.O. Box Number is Not Acceptable)	
FORT MYERS BEACH FL 33931		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  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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAZZONETTO, ANDREA		NAME	
STREET ADDRESS 1821 ESTERO BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS BEACH FL 33931		CITY-ST-ZIP	
TITLE DVTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RISO, PASQUALE		NAME	
STREET ADDRESS 1821 ESTERO BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS BEACH FL 33931		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 **5/5/03** Daytime Phone # **239-765-9660**

CR2E034 (10/02)