


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000099420

1. Entity Name
ANMA ASSOCIATES, INC.



Principal Place of Business
 21914 OLD BRIDGE TRAIL
 BOCA RATON, FL 33428

Mailing Address
 21914 OLD BRIDGE TRAIL
 BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0963235

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LO FRIA, CAMILLE M
 21914 OLD BRIDGE TRAIL
 BOCA RATON, FL 33428

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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, 2004 Fee will be \$550.00

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

U00000145024
 05/03/04-80008-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LO FRIA, ANTHONY 21914 OLD BRIDGE TRAIL BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LO FRIA, CAMILLE M 21914 OLD BRIDGE TRAIL BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Camille M. Lo Fria* **CAMILLE M. LO FRIA** **MAY 29, 2004** 561-477-0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #