

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039401

FILED
May 02, 2005
Secretary of State

Entity Name: ANEW -E- BUSINESS INTERNATIONAL CORP.

Current Principal Place of Business:

18871 NW 84 COURT
1004
MIAMI, FL 33015

New Principal Place of Business:

8615 NW 189 LN ST
3706
MIAMI, FL 33015

Current Mailing Address:

BAMCO CCS 084
PO BOX 5322
MIAMI, FL 33102

New Mailing Address:

FEI Number: 06-1699553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOS, CHARLES M
16211 NE 12 AVE STE 2
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PUIGMARTI, RAMCEY
Address: CCCT NIVEL C2 SECTOR YAREY OFPB01
City-St-Zip: CHUAO CARACAS, MI 1064 VENZ OC

Title: VD () Delete
Name: KREFT, DORA A
Address: CCCT NIVEL C2 SECTOR YAREY OFPB01
City-St-Zip: CHUAO CARACAS, MI 1064 VENZ OC

Title: SD () Delete
Name: MENDEZ, MAYAURI
Address: CCCT NIVEL C2 SECTOR YAREY OFPB01
City-St-Zip: CHUAO CARACAS, MI 1064 VENZ OC

Title: TD () Delete
Name: MUNOZ, RAMON E
Address: CCCT NIVEL C2 SECTOR YAREY OFPB01
City-St-Zip: CHUAO CARACAS, MI 1064 VENZ OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMCEY PUIGMARTI

PD

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date