


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # M69193**

1. Entity Name  
**ANATUR CORPORATION**



FILED  
05 JUN 10 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

Principal Place of Business: **G/O LERMAN AND LERMAN P.A. 48 E FLAGLER ST PH 101 MIAMI FL 33131**

Mailing Address: **G/O LERMAN AND LERMAN P.A. 48 E FLAGLER ST PH 101 MIAMI FL 33134**

2. Principal Place of Business: **5757 Collins Ave Suite # 1204**

3. Mailing Address: **C/O Nestor Gorfinkel 20818 W. Dixie Highway**

City & State: **Miami, FL**      City & State: **Aventura, FL**

4. FEI Number: **65-0061239**      Applied For:  Not Applicable

Zip: **33140**      Country: **USA**      Zip: **33180**      Country: **USA**

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

6. Name and Address of Current Registered Agent  
**LERMAN, GEORGE  
48 E FLAGLER ST PH 101  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name: **Nestor Gorfinkel**  
Street Address (P.O. Box Number is Not Acceptable):  
**20818 W. Dixie Highway**  
City: **Aventura**      FL      Zip Code: **33180**

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: **6/1/05**

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, 2005 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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENHAMRON, LEON	
STREET ADDRESS	48 E FLAGLER ST PH 101	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BENHAMRON, REYNA	
STREET ADDRESS	48 E FLAGLER ST PH 101	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5757 Collins Ave # 1204	
CITY-ST-ZIP	M.A. FL 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5757 Collins Ave # 1204	
CITY-ST-ZIP	M.A. FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000056157030	
CITY-ST-ZIP	06/14/05--01054--014 **550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:       DATE: **6/1/05**      Daytime Phone #: **305 938 7722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR