

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000018677

1. Entity Name
ANEQ INC.



Principal Place of Business

10909 N MILITARY TRL
PALM BEACH GARDENS, FL 33410 US

Mailing Address

10909 N MILITARY TRL
PALM BEACH GARDENS, FL 33410 US



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0730609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANEQ, FOVAD
10909 N MILITARY TRL
PALM BEACH GARDENS, FL 33410

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000789669

01/23/08-80002-020 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANEQ, LISA
STREET ADDRESS 10909 N MILITARY TRL
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE V
NAME FOUAD, ANE Q
STREET ADDRESS 10909 N MILITARY TRL
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature] officer

1-15-08

561-622-0729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #