2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M69193

ANATUR CORPORATION

Principal Place of Business

SIGNATURE:



Mailing Address

C/O NESTER GORFINKEL 5757 COLLINS AVE, UNIT 1204 20818 W DIXIE HIGHWAY MIAMI, FL 33140 US AVENTURA, FL 33180



FILED Apr 21, 2008 08:00 A Secretary of State



4-18.08

Daytime Phone #

04172008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0061239 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORFINKEL NESTON DO NOT WRITE 20818 W DIXIE HIGHWAY AVENTURA, FL 33180 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 DATE Signature, tyged or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE 8000000909697 05/06/08-80080-014 150.00 BENHAMRON, LEON NAME STREET ADDRESS 5757 COLLINS AVE #1204 MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE BENHAMRON, REYNA NAME STREET ADDRESS 5757 COLLINS AVE #1204 MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 on-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.

nhamr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR