2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) S54318 **DOCUMENT #**

FILED May 01, 2003 8:00 am Secretary of State

1. Entity Name ANNASWISS CORPORATION							05-01-2003 90259 039 ***150.00			.00
3431 49TH STREET, NORTH 3135				ailing Address 35 34TH ST N PETERSBURG FL 33713						
2. Principal F	Place of Busir	ness	3. Mail	ing Address				ENT HOME OF DELICATE	IN BIBN TINK U	IBN 916N 1901
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. FEI Number 59-3069605			pplied For ot Applicable	
Zip		Country	Zip		Country	. –	5. Certificate of Status Desired		\$8.75 Add	ditional
	6 Name	and Address of Curren	t Registere	d Agent			7. Name and Address of New F			
 .	J. 1481110	and Addices of Cuifell	giatere	e regent	Mar	ne -	Hame and Address of New P	: A	.gont	<u> </u>
SALLYANI	NE LUEDI		•				P.O. Box Number is Not Acceptable			
735 36TH	AVE. NOR1	TH .			Sue	et Addiess (i	r.O. Box Number is Not Acceptable	e)		
STE 2865	=	.,, •			•					
ST. PETER	rsburg fl	33710			City	,	FL Zip Code			
	named entit tions of regist		for the purp	ose of changing its	registered offic	ce or register	ed agent, or both, in the State of Fl	orida. I am fa	amiliar with,	and accept
9IGNATURE	Signature Ivned	or printed name of registered ager	nt and title if ann	licable (NOTE	: Registered Agent	signature required	when reinstating)	DATE		
	orginataro, typoo	or printed flame or registered ager		(1012			The round in the r			 -
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										
		3 Fee will be \$550.00					S. Election Campaign Fi Trust Fund Contribution		\$5.0 Added	00 May Be d to Fees
Make Check		03 Fee will be \$550.00 Florida Department	of State	RS.	I 11.	<u></u>	Trust Fund Contribution	on. \square	Added	d to Fees
Make Check		3 Fee will be \$550.00	of State		11.			on. \square	DIRECTOR	d to Fees
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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: __

CR2E034 (10/02)