2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2008 08:00 AN Secretary of State

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1. Entity Name

AMERICAN NATIONAL REALTY CORP.



Principal Place of Business

DETERO DO LO

7860 PETERS ROAD F-101

PLANTATION, FL 33324

Mailing Address

7860 PETERS ROAD

F-101

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1803862

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINER, STUART B 7860 PETERS ROAD SUITE F-101 FORT LAUDERDALE, FL 33324

DO NOT WRITE IN THIS SPACE

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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 Registe	red Agent signature	required when reinstating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campai Trust Fund Control				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FEINER, STUART 7860 PETERS ROAD #F-101 FORT LAUDERDALE, FL 33324								
TITLE NAME STREET ADDRESS CITY+ST+ZIP	VAS FEINER, NANCY 7860 PETERS ROAD #F-101 FORT LAUDERDALE, FL 33324				000000774657 01/07/08-80023-016 150.00				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE				
IITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-SI-ZIP									
12. Thereby certify that the information supplied with this fulling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutas. 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 of the receiver or trustee enjoyment 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART FEINER

1 3 06

954-382-414

Daytime Phone #