


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90044 005 \*\*\*150.00

**DOCUMENT # F47948**

1. Entity Name  
**A.N.F. INC.**



Principal Place of Business  
**C/O GOFF, CECIL**  
**841 TANGLEWOOD CIRCLE**  
**WESTON FL 33327**  
*US C/O Goff, Cecil*

Mailing Address  
**C/O CECIL GOFF**  
**941 TANGLEWOOD CIR**  
**WESTON FL 33327**  
*US C/O Cecil Goff*



MOORE CR2E034 (11/03)

2. Principal Place of Business  
**10111 NW 24 PL.**  
 Suite, Apt. #, etc.  
**Apt. 105 Bldg 197**  
 City & State  
**Sunrise, FL.**

3. Mailing Address  
**10111 NW 24 PL.**  
 Suite, Apt. #, etc.  
**Apt. 105 Bldg. 197**  
 City & State  
**Sunrise, FL.**

4. FEI Number **59-2127032** Applied For  
 Not Applicable

Zip Country  
**33322-6881 US**

Zip Country  
**33322-6881 US**

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

6. Name and Address of Current Registered Agent  
**FAYAD, AFIF N**  
**1541 ELM GROVE RD**  
**WESTON FL 33327**

7. Name and Address of New Registered Agent  
 Name **Fayad Afif N.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10111 NW 24 PL Apt. 105 Bldg. 197**  
 City **SUNRISE** FL Zip Code **33322-6881**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	FAYAD, AFIF N
STREET ADDRESS	1541 ELM GROVE RD
CITY - ST - ZIP	WESTON FL 33327
TITLE	VD <input type="checkbox"/> Delete
NAME	FAYAD, GWENDOLYN L
STREET ADDRESS	3844 ROYAL LANE
CITY - ST - ZIP	LAKE RIDGE VA 22192
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	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fayad, Afif N.
STREET ADDRESS	3844 ROYAL Lane
CITY - ST - ZIP	LAKE RIDGE, VA 22192
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fayad, Gwendolyn
STREET ADDRESS	3844 ROYAL Lane
CITY - ST - ZIP	LAKE RIDGE, VA 22192
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	
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: *Fayad Afif N. Fayad President/Director* Date: *2/23/04* (703) 897-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #