


FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90082 014 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F47948 1. Entity Name A.N.F. INC.	
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Principal Place of Business C/O GOFF, CECIL 10111 NW 24 PL, APT 105 BLDG 197 SUNRISE, FL 33322-6881 US	Mailing Address C/O GOFF, CECIL 10111 NW 24 PL, APT 105 BLDG 197 SUNRISE, FL 33322-6881 US
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20063859



DO NOT WRITE IN THIS SPACE

06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2127032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAYAD, AFIF N
10111 NW 24 PL APT 105 BLDG 197
SUNRISE, FL 33322-6881

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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 fee if applicable. (NOTE: Registered Agent Signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAYAD, AFIF N
STREET ADDRESS	3844 KOVAL LANE
CITY-ST-ZIP	WOODBIDGE, VA 22192
TITLE	VD
NAME	FAYAD, GWENDOLYN L
STREET ADDRESS	3844 KOVAL LANE
CITY-ST-ZIP	LAKE RIDGE, VA 22192
TITLE	D. <i>Moderas, Leslie</i>
NAME	<i>3844 Koval Lane</i>
STREET ADDRESS	<i>Woodbridge, VA. 22192</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: *A. Fayad Afif Fayad* 7/5/05 603 897-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #