## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT #F60592 07-25-2006 90021 014 \*\*\*150.00 1. Entity Name ANILU IMPORT & EXPORT CORP. Principal Place of Business Mailing Address C/O EDUARDO PUNALES C/O EDUARDO PUNALES 8311 S.W. 12TH TERRACE 8311 S.W. 12TH TERRACE MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202006 CR2E034 (11/05) Cha-P City & State City & State Applied For 4. FEI Number 59-2146539 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required .. 6:- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUNALES, DANIA Street Address (P.O. Box Number is Not Acceptable) 8311 SW 12 TERR MIAMI, FL: 33144 City Zip Code 8. The above named enfity 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: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!!- FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition PUNEALES, DANIA NAME NAME STREET ADDRESS 8311 SW 12 TERR STREET ADDRESS MIAMI, FL, 33144 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PUNALES, DANIA NAME NAME STREET ADDRESS 8311 S.W. 12TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change noitibhA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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.

ANIA TUNAles 7.21.06

FILED

Jul 25, 2006 8:00 am