

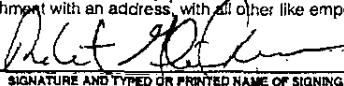


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F66826 1. Entity Name A.N.H. MANAGEMENT CO., INC.						
<small>Principal Place of Business</small> 2012 N. SURF ROAD HOLLYWOOD, FL 33019		<small>Mailing Address</small> 2012 N. SURF ROAD HOLLYWOOD, FL 33019				
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent GLICKMAN, ROBERT 310 MCKINLEY STREET HOLLYWOOD, FL 33019		<div style="text-align: center;"></div> <div>01122005 No Chg-P CR2E034 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 59-2301252</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2301252	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
<small>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.</small>						
<small>SIGNATURE _____</small> <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE _____</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
<small>TITLE</small>	D	<div>U000000273513 03/23/05-80032-014 150.00</div> DO NOT WRITE IN THIS SPACE				
<small>NAME</small>	EL GUIZEIRY, MIRA					
<small>STREET ADDRESS</small>	3111 N OCEAN DR #1212					
<small>CITY - ST - ZIP</small>	HOLLYWOOD, FL 00000,					
<small>TITLE</small>	PST					
<small>NAME</small>	GLICKMAN, ROBERT					
<small>STREET ADDRESS</small>	310 MCKINLEY ST					
<small>CITY - ST - ZIP</small>	HOLLYWOOD, FL					
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
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<small>STREET ADDRESS</small>						
<small>CITY - ST - ZIP</small>						
<small>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.</small>						
SIGNATURE: 		3/21/05				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>				