

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015904

Entity Name: A.N.M. WHOLESale, LTD. CO.

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

18533 AMBLY LANE
TAMPA, FL 33647

New Principal Place of Business:

18219 SWEET JASMINE DR.
TAMPA, FL 33647

Current Mailing Address:

18533 AMBLY LANE
TAMPA, FL 33647

New Mailing Address:

18219 SWEET JASMINE DR.
TAMPA, FL 33647

FEI Number: 59-3689453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FAWAZ, MOHAMED A
18533 AMBLY LANE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

FAWAZ, MOHAMED A
18219 SWEET JASMINE DR.
TAMPA, FL 33647 US

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.

SIGNATURE:

05/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DARWISH, AMAL
Address: 18113 LEMBRECHT WAY
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: FAWAZ, MOHAMED A
Address: 18533 AMBLY LN
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FAWAZ, MOHAMED A
Address: 18219 SWEET JASMINE DR.
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MOHAMED FAWAZ

MGRM

05/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date