

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100116

Entity Name: ANMA INVESTMENTS, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

637 WHITE CRANE CT
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

637 WHITE CRANE CT
OVIEDO, FL 32766

New Mailing Address:

FEI Number: 20-3627633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CARLOS
5458 HOFFNER AVE SUITE 303
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAJARDO, CLAUDIA L
Address: 637 WHITE CRANE CT
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: CASTRO, DAVID I
Address: 637 WHITE CRANE CT
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: ARIAS DE FAJARDO, RUBIELA
Address: 637 WHITE CRANE CT
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: MONSALVE, JORGE I
Address: 637 WHITE CRANE CT
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: FAJARDO, VIATNA A
Address: 637 WHITE CRANE CT
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID CASTRO

MGR

04/13/2007

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