


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90321 048 ***150.00

DOCUMENT # L35235	
1. Entity Name ANICORP, INC.	

Principal Place of Business 805 NE 4TH AVENUE FT. LAUDERDALE, FL 33304	Mailing Address 1901 N. OCEAN BLVD. PHA FORT LAUDERDALE, FL 33305
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2. Principal Place of Business 1901 N. Ocean Blvd.	3. Mailing Address
Suite, Apt. #, etc. PHA	Suite, Apt. #, etc.
City & State Fort Lauderdale, FL	City & State
Zip 33305	Country



04042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0172189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAMIESON, LIGIA 805 NE 4TH AVE FORT LAUDERDALE, FL 33304	7. Name and Address of New Registered Agent Name Jamieson, Ligia Street Address (P.O. Box Number is Not Acceptable) 1901 N. Ocean Blvd., PHA City Fort Lauderdale FL Zip Code 33305
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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.

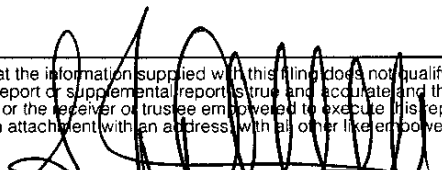
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMIESON, LIGIA 1901 N. OCEAN BLVD. PHA FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST JAMISON, SONIA L 1901 N. OCEAN BLVD. PHA FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  LIGIA JAMIESON 04.11.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #