


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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DOCUMENT # L56863 1. Entity Name ANABAR ENTERPRISES, INC.	
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04 JAN 15 AM 11:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 10107 SUNSET DRIVE MIAMI, FL 33173	Mailing Address 10107 SUNSET DRIVE MIAMI, FL 33173
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01202004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0248599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORA, ANA M 10107 SUNSET DRIVE MIAMI, FL 33173	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORA, ANA MARIA 6527 SW 116 PL, UNIT H MIAMI, FL 33173 <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	VSD ALEMAN, BARBARA M 11520 NW 21 STREET PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000027380880 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/22/04--01013--016 **150.00
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
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
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
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: see attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

2044



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Business Entity Name

ANABAR ENTERPRISES, INC.

FEI Number

15-024-8599

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

10107 SUNSET DRIVE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33173

Mailing Address

Address

10107 SUNSET DRIVE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33173

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MORA

ANA

M

-or- RA Business Name

Address

10107 SUNSET DRIVE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33173

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Document Number

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Business Entity Name

ANABAR ENTERPRISES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

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Street Address	<input type="text"/>
City, State	<input type="text"/> , <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> , <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> , <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="PD"/>
Officer/Director Signature	<input type="text" value="Ana M. Mora"/>