

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 13, 2005 08:00 AM

Secretary of State

Pl. ck # 1262 1/10/05

DOCUMENT # M13007

1. Entity Name
ANNE NOUVELLE INC.



Principal Place of Business
**4812 S.W. 72ND AVENUE
MIAMI, FL 33155**

Mailing Address
**4812 S.W. 72ND AVENUE
MIAMI, FL 33155**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2513702

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALONSO, MANUEL A.
4812 S.W. 72ND AVENUE
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when restating)

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

TITLE PD
NAME ALONSO, MANUEL A.
STREET ADDRESS 4812 S.W. 72ND AVENUE
CITY-ST-ZIP MIAMI, FL

TITLE VTD
NAME ALONSO, EILEEN W.
STREET ADDRESS 4812 S.W. 72ND AVENUE
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME OLCESE, ANNA A
STREET ADDRESS 4812 SW 72ND AVENUE
CITY-ST-ZIP MIAMI, FL

TITLE T
NAME ALONSO, EILEEN
STREET ADDRESS 8620 MILLER DR.
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/13/05-80004-021 150.00

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IN THIS SPACE**

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: *Guilherme Eileen W. Alonso V.P.* 1/10/05 305.665.4022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #