

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M69193

1. Entity Name

ANATUR CORPORATION



FILED
05 JUN 10 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL 32399



1st MOORE CR2E034 (10/04)

Principal Place of Business

G/O LERMAN AND LERMAN P.A.
48 E FLAGLER ST PH 101
MIAMI FL 33131

Mailing Address

G/O LERMAN AND LERMAN P.A.
48 E FLAGLER ST PH 101
MIAMI FL 33131

2. Principal Place of Business

5757 Collins Ave

Suite, Apt. #, etc.

Unit 1204

City & State

Miami, FL

Zip

33140

Country

USA

3. Mailing Address

c/o Nestor Gonzalez

Suite, Apt. #, etc.

20818 W. Dixie Highway

City & State

Aventura, FL

Zip

33180

Country

USA

4. FEI Number

65-0061239

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LERMAN, GEORGE
48 E FLAGLER ST PH 101
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Nestor Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

20818 W. Dixie Highway

City

Aventura

FL

Zip Code

33180

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BENHAMRON, LEON
STREET ADDRESS 48 E FLAGLER ST PH 101
CITY-ST-ZIP MIAMI FL 33131

TITLE DST ☐ Delete
NAME BENHAMRON, REYNA
STREET ADDRESS 48 E FLAGLER ST PH 101
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5757 Collins Ave # 1204
CITY-ST-ZIP M.B. FL 33140

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5757 Collins Ave # 1204
CITY-ST-ZIP M.B. FL 33140

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Benhamron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/05 305 938772