


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90047 013 ***150.00

DOCUMENT # P00000001631		
1. Entity Name ANNA & SONS CORP.		

Principal Place of Business 140 JEFFERSON AVENUE APT 14001 MIAMI BEACH, FL 33139	Mailing Address 140 JEFFERSON AVENUE APT 14001 MIAMI BEACH, FL 33139
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2. Principal Place of Business 7925 NW 12 Street	3. Mailing Address Same
Suite, Apt. #, etc. 407	Suite, Apt. #, etc. Same
City & State Miami, Florida	City & State
Zip 33126	Country USA

	
02242004 Chg-P	CR2E034 (10/03)
4. FEI Number 65-0977503	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	
MELLOESILVA, THIAGO D 140 JEFFERSON AVENUE APT 14001 MIAMI BEACH, FL 33139	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12 St. Ste 407	
City Miami	FL Zip Code 33126

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 Thiago Melloesilva	DATE 2/25/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	PTD DUARTE, ANA H 140 JEFFERSON AVENUE APT 14001 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7925 NW 12 St. Ste 407 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MELLOESILVA, THIAGO D 140 JEFFERSON AVENUE APT 14001 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7925 NW 12 St. Ste 407 Miami, FL 33126
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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
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: Thiago Melloesilva	DATE 2/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	