P00000041875

_	(Requestor's Name)
	(Address)
	(Address)
_	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
_	(Business Entity Name)
_	(Document Number)
Се	ದೆ Copies Certificates of Status
S	al Instructions to Filing Officer:
	Mind IA Nume
_	i l'accomment.
	. Office Use Only
K	a Rolchance
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ALL ANASSEE FATALE

COVER LETTER

TO: Amendment Section Division of Corporations				
Division of Corporations SUBJECT: ANARUAS'S ENTERPRISES, INC. (Name of corporation) DOCUMENT NUMBER: P00000041875 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:				
DOCUMENT NUMBER: P00000041875				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARIA FIALLO (Name of contact person)				
ANARUA'S ENTERPRISES,INC. (Firm/Company)				
2810 RIO GRANDE TRL. (Address)				
KISSIMMEE, FL. 34741 (City/state and zip code)				
For further information concerning this matter, please call:				
MARIA FIALLO at (407) 847-3563 (Name of contact person) (Area code & daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this unized under the laws of the State of Florida stered agent, or both, in the State of Florida.
1. The name of t	the corporation: ANARUA'S ENTERPE	RISES, INC.
	office address: 2342 WINDSONG DR	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 4/24/2000	Document number: P00000041875
	I street address of the current registered tment of State:	agent and registered office on file with the
	2342 WINDSONG DR. KISSIMMEE,	
		SET
6. The name an (if changed):	l street address of the new registered ag	ent (if changed) and /or registered office
	MARIA FIALLO	DAC
	2810 RIO GRANDE TRL. KISSIMME	E, FL. 34741
	(P.O. Box NOT acceptal	ole)
		et address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
lun	Langeuro	AURA CARDENAS (Prunted or typed pame and title)
I harahu accani	the appointment as registered agent	•••
I further agree	to comply with the provisions of all st nd I am familiar with and accent the a	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, Thereby confirm that the
Haria.	Piallo P.	JUNE 26/2004
/ (\$	guature of Registered Agent)	(Date)
If signing on be	chaif of an entity:	
M	MARIA FIALLO	
(Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *