

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044840

FILED
May 08, 2007
Secretary of State

Entity Name: ANICAM ENTERPRISES, INC.

Current Principal Place of Business:

1770 NW 96 AVE
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

1770 NW 96 AVE
DORAL, FL 33172

New Mailing Address:

FEI Number: 65-1019231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126 US

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.

SIGNATURE: DOMINGO ALONSO 05/08/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GUTIERREZ, ALFREDO
Address: BLUE JAY CIRCLE #1507
City-St-Zip: WESTON, FL 33327 US

Title: SVD () Delete
Name: MARINO, ANGELA M
Address: BLUE JAY CIRCLE #1507
City-St-Zip: WESTON, FL 33327 US

Title: O () Delete
Name: TORRES, JAIME
Address: BLUE JAY CIRCLE # 1497
City-St-Zip: WESTON, FL 33327 US

Title: O () Delete
Name: FUQUEN, JAVIER
Address: 1770 NW 96 AVE
City-St-Zip: DORAL, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: MARTINEZ, GUSTAVO
Address: 1770 NW 96 AVE
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO GUTIERREZ PTD 05/08/2007

Electronic Signature of Signing Officer or Director Date