


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90473 001 *4,411.25

DOCUMENT # P00000045706 1. Entity Name ANA GRANDJEAN, INC.	
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Principal Place of Business 11300 NW 87 COURT #106 HIALEAH GARDEN, FL 33016	Mailing Address 11300 NW 87 COURT #106 HIALEAH GARDEN, FL 33016
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DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1031148	Applied For Not Applicable
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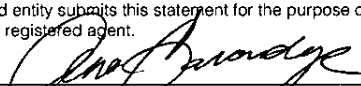
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANDJEAN, ANA
11300 NW 87 COURT #106
HIALEAH GARDEN, FL 33016

**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  (NOTE: Registered Agent signature required when reinstating) DATE

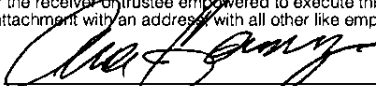
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANDJEAN, ANA 11300 NW 87 COURT #106 HIALEAH GARDEN, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSSE, ARNOL 11300 NW 87 COURT #106 HIALEAH GARDEN, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSSE, SEBASTIAN 11300 NW 87 COURT #106 HIALEAH GARDEN, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #