

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90005 027 ***158.75

DOCUMENT # P00000072282 1. Entity Name ANCHORMINOTT INC.					
Principal Place of Business 2221 SHERMAN CIRCLE E-204 HOLLYWOOD, FL 33025			Mailing Address P.O. BOX 834986 HOLLYWOOD, FL 33083		
2. Principal Place of Business 20401 NW 2ND AVE		3. Mailing Address 20401 NW 2ND AVE			
Suite, Apt. #, etc. SUITE 207		Suite, Apt. #, etc. SUITE 207			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33169-2542	Country	Zip 33169-2542	Country	4. FEI Number 65-1033336	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MINOTT, ANDREW 4613 BISON STREET BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name ANTOINETTE SINGH % NETWORKS NGNTENS, INC Street Address (P.O. Box Number is Not Acceptable) 3883 NW 19TH ST City LAUDERDALE LAKES, FL Zip Code 33311		
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 9/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINOTT, ANDREW 4613 BISON STREET BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	20401 NW 2ND AVE, SUITE 207 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOFFERY, DELROY 7516 SW 6TH CT N LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	20401 NW 2ND AVE, SUITE 207 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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	<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: 9/8/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					