

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106474

FILED
Apr 22, 2009
Secretary of State

Entity Name: ANLU DEVELOPMENT CORP.

Current Principal Place of Business:

626 CORAL WAY
UNIT 801
CORAL GABLES, FL 33134

Current Mailing Address:

626 CORAL WAY
UNIT 801
CORAL GABLES, FL 33134

FEI Number: 65-1058181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

New Principal Place of Business:

626 CORAL WAY
UNIT 801
CORAL GABLES, FL 33134 US

New Mailing Address:

626 CORAL WAY
UNIT 801
CORAL GABLES, FL 33134 US

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & CO, PA
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LEQUERICA, RICARDO A
Address: 626 CORAL WAY UNIT 801
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: LEQUERICA, RICARDO A
Address: 626 CORAL WAY UNIT 801
City-St-Zip: CORAL GABLES, FL 33134 US

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: RICARDO A LEQUERICA

PSTD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date