

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023332
 1. Entity Name
ANIDO'S ENTERPRISES, CORP.

FILED

02 JAN 17 PM 3:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
750 NW 43RD AVENUE #404
MIAMI FLORIDA 33126

2. Principal Place of Business 3. Mailing Address
2911 N.W. 14 STREET **7105 SW 8 STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
103

City & State City & State
MIAMI, FLORIDA **MIAMI, FLORIDA**
 Zip Country Zip Country
33125 **33144**

4. FEI Number Applied For
65-1084811 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CASILLA, ERNESTO
750 NW 43RD AVENUE, #404
MIAMI, FLORIDA 33126

7. Name and Address of New Registered Agent
 Name **SALAMANCA, YIDAVEISYS**
 Street Address (P.O. Box Number is Not Acceptable)
2911 NW 14 STREET
 City **MIAMI** FL Zip Code **33125**

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.
 SIGNATURE *[Signature]* *[Signature]*
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | PD <input checked="" type="checkbox"/> Delete |
| NAME | CASILLA, ERNESTO |
| STREET ADDRESS | 750 NW 43RD, AV. #404 |
| CITY-ST-ZIP | MIAMI, FLORIDA 33126 <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALAMANCA, YIDAVEISYS |
| STREET ADDRESS | 2911 NW 14 STREET |
| CITY-ST-ZIP | MIAMI, FLORIDA, 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

LS
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******150.00 ****150.00**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #