

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1082

DOCUMENT # **PO1000034289**

1. Entity Name

**ANALISAW CORP.**

FILED

04 OCT -7 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**7095W 2CT.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HIWLEAH F.L.**

City & State

4. FEI Number **651101877-**

Applied For

Not Applicable

Zip

**33014**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **RODOLFO HERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)

**7095W 2CT.**

City **HIWLEAH**

**FL**

Zip Code **33014**

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, 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.  
(See criteria on back) ☐

**January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 **PO**  
NAME **RODOLFO HERNANDEZ**  
STREET ADDRESS **7095W 2CT.**  
CITY-ST-ZIP **HIWLEAH F.L. 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100041816641  
10/12/04-01041-015 \*\*150.00**

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)

FLORIDA DEPARTMENT OF STATE FILED

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SECRETARY OF STATE

04 OCT -7 AM 11:57

DIVISION OF CORPORATIONS

ANNUAL REPORT/REINSTATEMENT SECTION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. Box 6327.

TALLAHASSEE, F.L. 32314. - 6327.

Ref # P01000034289

AS PER OUR TELEPHONE CONVERSATION WE ARE  
ENCLOSING YOU A MONEY ORDER FOR THE AMOUNT OF  
\$150.00 DOLLARS

PLEASE BE ADVISED AS MENTIONED ON PHONE,  
WE HAVE RENEWED OUR CORPORATION EVERY YEAR  
ON THE YEAR BUT THIS PARTICULAR YEAR  
WE DID NOT RECEIVE THE ANNUAL REPORT, SO.  
THEREFORE WE ARE PLEADING YOU TO ABSOLVE  
THE PENALTY CHARGES

PLEASE IF HAVE ANY QUESTION DO NOT  
HESITATE TO CONTACT US.

RFF