


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90021 018 \*\*\*150.00

**DOCUMENT # P01000044218**

1. Entity Name  
**ANATHALO METAL, CORPORATION**



Principal Place of Business  
 9727 HAMMOCKS BLVD.  
 APT 202D  
 MIAMI, FL 33196

Mailing Address  
 9727 HAMMOCKS BLVD.  
 APT 202D  
 MIAMI, FL 33196

2. Principal Place of Business  
**18715 SW 96 Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**18715 SW 96 Ave**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33157**

Country  
**USA**

Zip  
**33157**

Country  
**USA**



03282006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1101623**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GONZALEZ, NURY**  
 9727 HAMMOCKS BLVD.  
 APT 202D  
 MIAMI, FL 33196

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**18715 SW 96 Ave**  
 City  
**MIAMI** FL Zip Code  
**33157**

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 *Nury @ An Metal* DATE 3/28/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS GONZALEZ, NURY 9727 HAMMOCKS BLVD. MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18715 SW 96 Ave</b> <b>MIAMI FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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: *Nury @ An Metal* DATE 3/28/06 DAYTIME PHONE # 786-486-3127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR