


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000077072		
1. Entity Name ANIRAM ENTERPRISES, INC.		
Principal Place of Business 11325 NW 55 LANE MIAMI, FL 33178		Mailing Address 11345 NW 55 LANE MIAMI, FL 33178
DO NOT WRITE IN THIS SPACE		
		05232005 No Chg. P CR2E034 (10/03)
4. FEI Number 65-1127951		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HERNANDEZ, ARMANDO CPA 255 ALHAMBRA CIRCLE STE 120 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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: <u>Wagner Garcia</u> <u>WAGNER GARCIA</u> <u>05/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, WAGNER J 11345 NW 55 LANE MIAMI, FL 33178	
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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: <u>Wagner Garcia</u> <u>WAGNER GARCIA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>05/23/05</u> <small>Date Daytime Phone #</small>