

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000086794

Entity Name: ANAMU CORP.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

8240 SW 95TH STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

8240 SW 95TH STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-1135016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IWANOWSKI, ANNICK
8240 SW 95TH STREET
MIAMI, FL 33156 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IWANOWSKI, ANNICK
Address: 8240 SW 95TH STREET
City-St-Zip: MIAMI, FL 33156

Title: VPD () Delete
Name: IWANOWSKI, MURIEL
Address: 8240 SW 95TH STREET
City-St-Zip: MIAMI, FL 33156

Title: TD () Delete
Name: IWANOWSKI, JANUSZ
Address: 8240 SW 95TH STREET
City-St-Zip: MIAMI, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: VALDES, MARIA D
Address: 8240 SW 95 STREET
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IWANOWSKI ANNICK

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date