2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000110496

ANLUZ INTERNATIONAL, INC.

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90471 005 ***150.00

	54041696											
	02092004 Chg-P CR2E034 (10/03)											
	4. FEI Number Applied For 90-008740 Not Applicable											
_	Certificate of Status Desired											
_	7. Name and Address of New Registered Agent											
	EDUARDO											
(P.O. Box Number is Not Acceptable) バエルドル6ら Cエスとしら											
	I T A I C TO IA 1 Et Zio Code											

<u> </u>				CO 10							
Principal Place of Business Mailing Address							į	4441	1Rge		
2037 VINNINGS CIRCLE 2037 VINNINGS CIRCLE					[54041696					
302 302 302 WELLINGTON, FL 33414 WELLINGTON, FL 334					1						
WELLINGTON	1, PL 33414	4		ļ	1 (88)(88) (1						
2. Principal P	Place of Business										
203	2037 VINIA	INGS CIRCLE			T I ORBITADA IN SOURI KAN GENTI SOURI SOURI (LAN 1986 SOUR MAN ORIO DIN MINGRA II 1881						
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			02092004	Chg-P	CR2f	E034 (10/03)			
302		302									
City & Stat	LINGTON FLORIDA	City & State WELLINGTON FIORIDA			ĺ	4. FEI Numbe	and the second s			oplied For	
Zip	Country	Zip Country				30-000	5/40	 -	\$8.75 Add	ot Applicable	
334	33414	رورانانان کریزن	-	ا	Certificate	of Status Desired		Fee Require			
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registere			
			Name								
POTES, E						€DUA!	er is Not Acceptal	nloì			
	IING CIRCLE TON, FL 33414			2037			S CIRC				
VELLING	10N, FL 33414										
	v		<u> </u>	City			1		Zip Cod	io	
				WE	-22	LINGTO	~~	F	L 33	414	
	named entity submits this statement for	the purpose of changing its r	registered	office or re	gistere	ed agent, or bot	h, in the State of I	Florida. I ar	m familiar with,	and accept	
the colligat	tions of registered agent.										
SIGNATURE.		·		··						·	
	Signature, typed or printed name of registered agent a	gent eignature r	boniupa	when reinstating)		DATE	<u>. </u>	·			
	E NOW!!! FEE IS \$150.00	gn Financir	na	er i	00						
After M	ibution.	`` ` 🗆		00 May Be ed to Fees							
<u> </u>										 	
10.	OFFICERS AND I		11.			ADDITIONS/	CHANGES TO O	FICERS A			
TITLE	PD POTES, EDUARDO	☐ Delete	TITLE NAME		D.		.0000		☐ Change	Addition	
NAME POTES, EDUARDO STREET ADDRESS 2037 VINNINGS CIRCLE 302		4				TES, EDUARDO 37 VININGS CIRCLE 302					
CITY-ST-ZEP	WELLINTON, FL 334142089	CITY				LLINGTON, FL. 33414.2089					
TITLE		Defete	TITLE				····		☐ Change	Addition	
NAME			NAME							L.,	
STREET ADDRESS	į		STREET A	ADDRESS							
CITY-ST-ZIP			CITY-ST	r-ZIP							
TITLE		☐ Đelete	TITLE						☐ Change	Addition.	
NAME		· ~ -	NAME								
STREET ADDRESS			STREET								
CITY-ST-ZIP			CITY-ST-	r- ZIP							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET A	ADDRECC							
CITY-ST-ZIP			CITY-ST-								
TITLE		☐ Delete	TITLE			<u> </u>			☐ Change	Addition	
NAME		LI Devote	NAME						T. riquite	T MANITON	
STREET ADDRESS	}		•	ADDRESS							
CITY-ST-ZIP			CITY-ST								
TITLE		☐ Delete	TITLE						Change	Addition	
NAME]		NAME	1							
STREET ADDRESS			STREET A	ADDRESS							
CRY-ST-ZIP			CITY-ST	r-ZUP							

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: