## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 15, 2004 8:00 am Secretary of State

DOCUMENT # P02000023458  1. Entity Name ANSEL M REPAIRS ENTERPRISES INC.								09-15-2004 90003 003 ***150.00				
ANSELM REPAIRS ENTERPRISES, INC.												
Principal Place of Business 12588 SW 121 AVENUE MIAMI, FL 33186			Mailing Address 12588 SW 121 AVENUE MIAMI, FL 33186									
Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02252004	Chg-P	CR2E	034 (10/03)		
City & State			City & State				4. FE! Numb			<b>├</b> ─ <b>├</b>	plied For	
Zip	Zip Country		Zip		Coun	itry	01-061 5. Certificate	of Status Desired		\$8.75 Add	t Applicable itional	
	6. Name	and Address of Current	Registe	ered Agent			7. Name and	Address of New Re	gistered			
SEPULVEDA, ANSELMO						Name						
12588 SW 121 AVENUE MIAMI, FL 33186						Street Addres	ss (P.O. Box Numb	er is Not Acceptable)	)			
. '	:											
Į ,	*					City			F			
	named entitions of regis	y submits this statement fo tered agent.	the pu	rpose of changing its	register	ed office or regis	stered agent, or bo	oth, in the State of Flor	ida. Lan	n familiar with,	and accept	
SIGNATURE	Signature, lyped	or printed name of registered agent	and title if a	applicable. (NOTE	: Registere	d Agent signature requ	ured when reinstating)		DATE		····	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						ncing _ S	\$5.00 May Be Added to Fees	11 m		٠. د ښو ت		
10.		OFFICERS AND	DIREC	TORS Delete	11.		ADDITIONS	/ CHANGES TO OFFI	CERS AN	D DIRECTORS	3 IN 11	
TITLE NAME					TITL					☐ Change	☐ Addition	
STREET ADDRESS 12588 SW 121 AVENUE			STRE			EET ADDRESS						
CITY-ST-ZIP	MIAMI, FI	L 33186			-	-ST-ZIP				☐ Change	Addition	
TITLE NAME				☐ Delete	TITL NAM	1				Cuality	L'1 WOOMON	
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	IIIL	! _				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					1	EET ADDRESS '-ST-ZIP						
TITLE				☐ Delete	TITL					Change	Addition	
NAME STREET ADDRESS	2				NAM	ie Eet address						
CITY-ST-ZIP						-SI-ZIP						
TITLE NAME				☐ Delete	TITL NAM	1				☐ Change	☐ Addition	
STREET ADDRESS	. :					EET ADDRESS						
CITY-ST-ZIP				☐ Delete	CHY	/-ST-ZIP				☐ Change	☐ Addition	
NAME	1			i Detete	NAM					Ghange	Addition	
STREET ADDRESS CITY-ST-ZIP	,					EET ADDRESS (- ST-ZIP						
12. I hereby indicated of the collection changed	certify that the certify that the control on this report or the certific portion or the certific part of the certi	ne information supplied with ort of supplemental report is the receive) or trustee emplia adment with an address,	this fill rtive ar overed vitrali	ng does not qualify fo nd accurate and that r to execute this report other like empowered	r the exemy signal as requ	emption stated in ture shall have t ired by Chapter	n Section 119.07(3) the same legal effe 607, Florida Statut	)(i), Florida Statutes. I ict as if made under d es; and that my name	further coath; that appears	ertify that the in I am an officer in Block 10 o	nformation or director r Block 11 if	
SIGNAT	ΓURE: 🎚	SIGNATURE AND TYPED OR I	NINTED	NAME OF SIGNING OFFICER	OR DIREC	тоя	######################################	Dale	····	Daytime Phone #		