2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000041242

1. Entity Name
ANA KIRCHHEIMER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
19707 TURNBERRY WAY STE 23A AVENTURA, FL 33180	19707 TURNBERRY WAY STE 23A AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

24053308

02102004   No Chg-P   CR2E034 (10/03)

4. FEI Number 03-0466875	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KIRCHHEIMER, ANA
19707 TOLN BELEY WAY #23A
AVENTURA, FL 33180

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required 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. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D	/
NAME	KIRCHHEIMER, ANA	
STREET ADDRESS	19707 TURNBERRY WAY STE 23A	
CITY-ST-ZIP	AVENTURA, FL 33180	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _X Ana Kirchheimer_   X 2/10/04   X (305) 936.0 ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #