

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90208 036 \*\*\*150.00

**DOCUMENT #** P02000043620

1. Entity Name  
**ANNECY HOLDINGS, INC.**



Principal Place of Business  
C/O MICHAEL ORTIZ  
2600 DOUGLAS ROAD PENTHOUSE SIX  
CORAL GABLES FL 33134

Mailing Address  
C/O MICHAEL ORTIZ  
2600 DOUGLAS ROAD PENTHOUSE SIX  
CORAL GABLES FL 33134

**55046289**



2. Principal Place of Business  
2121 Ponce de Leon Blvd

3. Mailing Address  
2121 Ponce de Leon Blvd

Suite, Apt. #, etc.  
Ste 330

Suite, Apt. #, etc.  
Ste 330

☒ CHECK HERE IF MAKING CHANGES

City & State  
Coral Gables, Florida

City & State  
Coral Gables, Florida

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ORTIZ, MICHAEL  
2600 DOUGLAS ROAD PENTHOUSE SIX  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name  
Michael Ortiz  
Street Address (P.O. Box Number is Not Acceptable)  
2121 Ponce de Leon Blvd  
Ste. 330  
City  
Coral Gables FL  
Zip Code  
33134

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 DATE 4/30/2003  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S T Magaly Del Rosario Imbett Otero 2121 Ponce de Leon Blvd, Ste 330 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: DATE 4/30/2003 705 476 5240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)