

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000097861



1. Entity Name  
ANELI INVESTMENTS, INC.

Principal Place of Business  
5835 BLUE LAGOON DRIVE  
4TH FL  
MIAMI, FL 33126

Mailing Address  
5835 BLUE LAGOON DRIVE  
4TH FL  
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

SHOJAE, MASOUD  
8550 NW 33 ST STE #100  
MIAMI, FL 33122

Name *Shojaee, Masoud*

Street Address (P.O. Box Number is Not Acceptable)

*5835 Blue Lagoon Dr. 4th FL  
Miami FL 33126*

City *Miami*

FL Zip Code *33126*

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, 2008 Fee will be \$550.00**

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 D  
NAME SHOJAE, MASOUD  
STREET ADDRESS 5835 BLUE LAGOON DRIVE 4TH FL  
CITY-ST-ZIP MIAMI, FL 33126

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D  
NAME LAMAS DE SHOJAE, MARIA  
STREET ADDRESS 5835 BLUE LAGOON DRIVE 4TH FL  
CITY-ST-ZIP MIAMI, FL 33126

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Masoud Shojaee*

1/21/08

786-437-8658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
May 01, 2008 8:00 am  
Secretary of State**

05-01-2008 90198 033 \*\*\*150.00



01182008 Chg-P CR2E034 (12/06)