


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000108794 1. Entity Name ANIANO SURVEYOR INC.	
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Principal Place of Business 7210 SW 126TH CT. MIAMI, FL 33183	Mailing Address 7210 SW 126TH CT. MIAMI, FL 33183
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1853008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, ANIANO 7210 SW 126TH CT. MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

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.

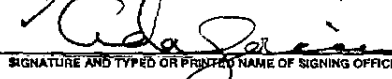
SIGNATURE _____ (NOTE: Registered Agent signature required upon reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ANIANO 7210 SW 126TH CT. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ADA 7210 SW 126TH CT. MIAMI, FL 33183
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<p>U000000319976 04/21/05-80017-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 4/18/05 305 856 4566 Daytime Phone #