


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90401 024 ***150.00

DOCUMENT # P02000112198

1. Entity Name
ANNE O'BRIEN, INC.



Principal Place of Business Mailing Address
18085 SW 26 CT **18085 SW 26 CT**
MIRAMAR, FL 33029 **MIRAMAR, FL 33029**

34078164

2. Principal Place of Business 3. Mailing Address
18900 SW 39 CT **18900 SW 39 CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04132004 Chg-P CR2E034 (10/03)

City & State City & State
MIRAMAR FL **MIRAMAR FL**

Zip Country Zip Country
33029 **USA** **33029** **USA**

4. FEI Number Applied For
01-0752471 Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, ANNE
18085 SW 26 CT
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name **ANNE O'BRIEN**

Street Address (P.O. Box Number is Not Acceptable)
18900 SW 39 CT

City **MIRAMAR** FL Zip Code **33129**

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: *Anne O'Brien* DATE: **4-13-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	O'BRIEN, ANNE	18085 SW 26 CT	MIRAMAR, FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	ANNE O'BRIEN	18900 SW 39 CT	MIRAMAR FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Anne O'Brien* Pres. 4-13-04 (954) 509-2015

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