
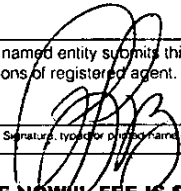
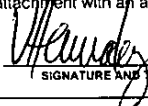


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90193 001 ***450.00

DOCUMENT # P03000012147					
1. Entity Name ANAVI, CORP.					
Principal Place of Business 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175			Mailing Address 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175		
2. Principal Place of Business 1200 Brickell Avenue			3. Mailing Address 1200 Brickell Avenue		
Suite, Apt. #, etc. Suite 860			Suite, Apt. #, etc. Suite 860		
City & State Miami, FL			City & State Miami, FL		
Zip 33131		Country		Zip 33131	
Country		Country		01042006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Peter M. Lopez, PA Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue Suite 860 City Miami FL Zip Code 33131	
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: 2/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HERNANDEZ, VIDAL 1155 BRICKELL BAY DRIVE UNIT 1006 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ANA 1155 BRICKELL BAY DRIVE UNIT 1006 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, HENRY 1155 BRICKELL BAY DRIVE UNIT 1006 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, EDUARDO 1155 BRICKELL BAY DRIVE UNIT 1006 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, WILMER 1155 BRICKELL BAY DRIVE UNIT 1006 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, WILER 1155 BRICKELL BAY DRIVE UNIT 1006 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Director Date: 2/20/06 Daytime Phone #		

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