2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000017113 1. Entity Name ANJLOR, INC.						03-29-2004 90084 019 ***150.00			
Principal Place of Business Mailing Address						94039132			
715 SE 1ST AVENUE 715 SE 1ST AVENUE						-			
HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 3300					 	BTIBE IIIII BBIB BBIII BB			
2. Principal Place of Business MAN Garden Drive									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			Chg-P	CR2E034 (10/03)		
City & State	iam Beach, F.	City & State	City & State			_1 0472	121 -	oplied For	
Zip 2.21	79 Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current Re	egistered Agent	}_		7. Name and	Address of New F			
DEDOED ANITA				Name					
BERGER, ANITA 21505 YACHT CLUB DRIVE, #2704 AVENTURA, FL 33180				Street Address (P.O. Box Number is Not Acceptable)					
7.7.2				1					
				City //	on till P	F	FL ZingCoo	3/80	
8. The above named entity submits this statement for the purpose of changing its registered office of egistered 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 registored agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
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 D	IRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
TITLE	D BEDGED ANITA	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	BERGER, ANITA 2105 YACHT CLUB DRIVE #2704		NAME STREET	ADDRESS	21205	la cht C	lub Dr. # 2	704	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-S	T-ZIP	Avent	WRA, F	L.33180 L.33180 Mos By Change -, F1. 33009		
TITLE	D	☐ Delete	TITLE		LOC The	r Isla	uds By Change	Addition	
NAME STREET ADDRESS	GITTLEMAN, HAROLD 18181 NE 31ST COURT		NAME STREET	ADDRESS L	1 silanda	F Brack	F/ 33mg	79/4 7	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-S	T-ZIP	MINNON		7 1. 3300/		
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME	ADDDECC					
CITY-ST-ZIP			CITY-S	ADDRESS T-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY+S	ADDRESS T-ZIP					
TITLE	***************************************	☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS T-ZIP					
HITLE		☐ Delete	ПTLE				Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-SI-ZIP			STREET CITY-S	ADDRESS					
	certify that the information supplied with t	his filing does not qualify for			in Section 119 07/3)	i) Florida Statutes	I further certify that the	information	

12. I nereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/15/04 X 954-455-75