
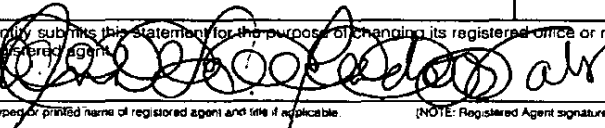
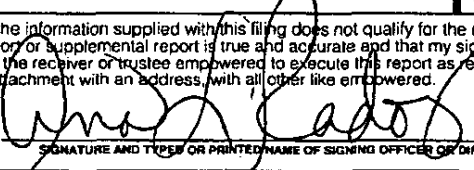


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90003 005 \*\*\*150.00

<b>DOCUMENT # P03000017951</b> 1. Entity Name <b>ANA RADOS, INC.</b>					
Principal Place of Business <b>3005 SITIOS TAMPA FL 33619</b>				Mailing Address <b>3005 SITIOS TAMPA FL 33619</b>	
2. Principal Place of Business <b>922 W. Beacon Ave</b> Suite, Apt. #, etc.				3. Mailing Address <b>same</b> Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>				City & State <b>Tampa, FL</b>	
Zip <b>33603</b>		Country <b>US</b>		4. FEI Number <b>51-0464457</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GARRETT, HOWARD L</b> <b>3314 HENDERSON BLVD STE 208</b> <b>TAMPA FL 33609-2934</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRETT, HOWARD L		NAME		
STREET ADDRESS	3005 SITIOS		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP		
TITLE	President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ana Rados		NAME		
STREET ADDRESS	922 W. Beacon Ave		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33603		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE <b>2-3-04</b>					