


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90009 036 \*\*\*150.00

<b>DOCUMENT # P03000019877</b>	
1. Entity Name <b>ANSELMO ENTERPRISES, INC.</b>	

Principal Place of Business <b>908 SW 17TH ST FT LAUDERDALE FL 33315</b>	Mailing Address <b>908 SW 17TH ST FT LAUDERDALE FL 33315</b>
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2. Principal Place of Business <b>10340 NW 11 CT</b>	3. Mailing Address <b>10340 NW 11 CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

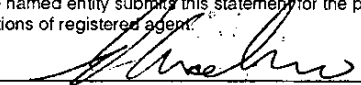
City & State <b>PLANTATION FL</b>	City & State <b>PLANTATION FL</b>
Zip <b>33322</b> Country <b>USA</b>	Zip <b>33322</b> Country <b>USA</b>

4. FEI Number <b>76-0726707</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ANSELMO, DARREN 908 SW 17TH ST FT LAUDERDALE FL 33315</b>	
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7. Name and Address of New Registered Agent	
Name <b>-ANSELMO DARREN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10340 NW 11 CT</b>	
City <b>PLANTATION FL</b>	Zip Code <b>33322</b>

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 <b>3/29/05</b>
<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, 2005 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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ANSELMO, DARREN</b>	
STREET ADDRESS <b>908 SW 17TH ST</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33315</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ANSELMO, GLORIA</b>	
STREET ADDRESS <b>908 SW 17TH ST</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33315</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANSELMO, DARREN</b>	
STREET ADDRESS <b>10340 NW 11 CT</b>	
CITY-ST-ZIP <b>PLANTATION FL 33322</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANSELMO, GLORIA</b>	
STREET ADDRESS <b>10340 NW 11 CT</b>	
CITY-ST-ZIP <b>PLANTATION FL 33322</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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>3/29/05</b>	DAYTIME PHONE #: <b>954 240 2543</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		