


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90028 010 \*\*\*150.00

**DOCUMENT # P03000047031**

1. Entity Name  
**ANELLA DESIGN, INC.**



Principal Place of Business      Mailing Address

**155 OCEAN LANE DRIVE #307**      **155 OCEAN LANE DRIVE #307**  
**KEY BISCAIYNE FL 33149**      **KEY BISCAIYNE FL 33149**

2. Principal Place of Business      3. Mailing Address

**255 CRANDON BLVD**      **255 CRANDON BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 454**      **# 454**

City & State      City & State

**KEY BISCAIYNE, FL**      **KEY BISCAIYNE**

Zip      Country      Zip      Country

**33149**      **MIAMI DADE**      **33149**      **MIAMI DADE**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

**55-0028599**      Not Applicable

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

6. Name and Address of Current Registered Agent

**REBESSI, BRUNELLA**  
**155 OCEAN LANE DRIVE #307**  
**KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent

Name: **BRUNELLA REBESSI**

Street Address (P.O. Box Number is Not Acceptable)  
**255 CRANDON BLVD # 454**

City: **KEY BISCAIYNE**      FL      Zip Code: **33149**

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, the registered agent.

SIGNATURE: *Brunella Rebessi*      DATE: **04/04/04**

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>REBESSI, BRUNELLA</b>	
STREET ADDRESS	<b>155 OCEAN LANE DRIVE #307</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL 33149</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>NICOLINI, ANNA</b>	
STREET ADDRESS	<b>155 OCEAN LANE DRIVE #307</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL 33149</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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REBESSI, BRUNELLA</b>	
STREET ADDRESS	<b>255 CRANDON BLVD # 454</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL. 33149</b>	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICOLINI, ANNA</b>	
STREET ADDRESS	<b>255 OCEAN LANE DRIVE</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL. 33149</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		

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: *Brunella Rebessi*      **BRUNELLA REBESSI**      DATE: **4/04/04**      DAYTIME PHONE: **(305) 365-0261**

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