
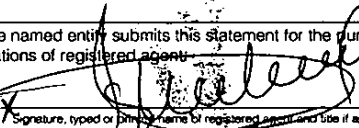
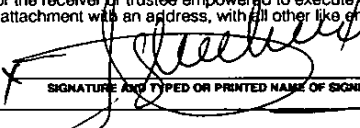


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90440 007 \*\*\*150.00

<b>DOCUMENT # P03000095668</b> 1. Entity Name <b>ANABELLA LEVY, P.A.</b>																															
Principal Place of Business <b>5601 COLLINS AVE., PH-6 MIAMI BCH, FL 33140</b>		Mailing Address <b>5601 COLLINS AVE., PH-6 MIAMI BCH, FL 33140</b>																													
2. Principal Place of Business <b>5600 Collins Ave</b> Suite, Apt. #, etc. <b>SUITE # 12-N</b>		3. Mailing Address <b>5600 Collins Ave</b> Suite, Apt. #, etc. <b>SUITE # 12-N</b>																													
City & State <b>Miami Beach - FL</b>		City & State <b>Miami Beach - FL</b>																													
Zip <b>33140</b>	Country <b>USA</b>	Zip <b>33140</b>	Country <b>USA</b>																												
4. FEI Number <b>20-0196740</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>CALVO, LIZABETH F 328 CRANDON BLVD., SUITE 226 KEY BISCAIYNE, FL 33149</b>		7. Name and Address of New Registered Agent Name <b>ANABELLA LEVY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5600 Collins Ave.</b> <b>SUITE # 12-N</b> City <b>MIAMI BEACH</b> <b>FL</b> Zip Code <b>33140</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>04/28/05</b> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D LEVY, ANABELLA 5601 COLLINS AVE., PH-6 MIAMI BCH, FL 33140</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVY, ANABELLA 5601 COLLINS AVE., PH-6 MIAMI BCH, FL 33140</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D LEVY ANABELLA 5600 COLLINS AVE. SUITE 12-N MIAMI BEACH, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVY ANABELLA 5600 COLLINS AVE. SUITE 12-N MIAMI BEACH, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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>04/28/2005</b> (305-867-8816)																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																													