

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000132946																																		
1. Entity Name ANJO DEVELOPMENT CORPORATION																																		
Principal Place of Business 30 NE 1ST AVENUE MIAMI, FL 33131 US		Mailing Address 30 NE 1ST AVENUE MIAMI, FL 33131 US																																
DO NOT WRITE IN THIS SPACE																																		
5. Name and Address of Current Registered Agent GIVNER, JACOB J 1177 KANE CONCOURSE SUITE 232 MIAMI, FL 33154		 01112006 No Chg-P CR2E034 (11/05) 4. FBI Number 77-0617020 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable																																
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 _____ (NOTE: Registered Agent signature required when re-stating) Signature, typed or printed name of registered agent and fee is applicable. DATE _____																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>GIVNER, JACOB J</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1177 KANE CONCOURSE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUITE 232, FL 33154</td> </tr> <tr> <td>TITLE</td> <td>ST</td> </tr> <tr> <td>NAME</td> <td>POSNER, ANNETTE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>30 N.E. 1ST AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	PD	NAME	GIVNER, JACOB J	STREET ADDRESS	1177 KANE CONCOURSE	CITY-ST-ZIP	SUITE 232, FL 33154	TITLE	ST	NAME	POSNER, ANNETTE	STREET ADDRESS	30 N.E. 1ST AVENUE	CITY-ST-ZIP	MIAMI, FL 33131	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		1100000402924 02/03/06-80028-012 150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.																																		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____																																