2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000132946

1. Entity Name
ANJO DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
14 NE 1ST AVENUE #904 MIAMI, FL 33131 US	14 NE 1ST AVENUE #904 MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0617020
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIVNER, JACOB J
14 NE 1ST AVENUE
#904
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIVNER, JACOB J
STREET ADDRESS	14 NE 1ST AVENUE #904
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	ST
NAME	POSNER, ANNETTE
STREET ADDRESS	14 NE 1ST AVENUE #904
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80007-023 150.00

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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 all other like empowered.

SIGNATURE: Jacob Givner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #