


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90424 034 \*\*\*150.00

<b>DOCUMENT # P03000136720</b> 1. Entity Name <b>AANI, INC</b>																																																																						
Principal Place of Business <b>13720 SW 285 TERR HOMESTEAD, FL 33033</b>			Mailing Address <b>13720 SW 285 TERR HOMESTEAD, FL 33033</b>																																																																			
2. Principal Place of Business <b>26441 SW 127 ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>26441 SW 127 ave</b> Suite, Apt. #, etc.																																																																				
City & State <b>Homestead, FL</b> Zip <b>33032</b>		City & State <b>Homestead, FL</b> Zip <b>33032</b>		4. FEI Number <b>200344970</b> Applied For <input type="checkbox"/> Not Applicable																																																																		
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																		
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, VICTOR J 30300 SW 171 AVE HOMESTEAD, FL 33030</b>			7. Name and Address of New Registered Agent Name <b>Elise Anderson</b> Street Address (P.O. Box Number is Not Acceptable) <del>26441 SW 127 ave</del> <b>26441 SW 127 ave</b> City <b>Homestead</b> <b>FL</b> Zip Code <b>33032</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: <u><i>Elise Anderson</i></u> <b>ELISE ANDERSON</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE <b>4/30/04</b></span>																																																																						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>ANDERSON, ELISE M</b></td> <td><b>13720 SW 285 TERR</b></td> <td><b>HOMESTEAD, FL 33033</b></td> <td></td> </tr> <tr> <td></td> <td><b>PRESIDENT</b></td> <td><b>ANDERSON ELISE M</b></td> <td><b>26441 SW 127 ave</b></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>Homestead, FL 33032</b></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete		<b>ANDERSON, ELISE M</b>	<b>13720 SW 285 TERR</b>	<b>HOMESTEAD, FL 33033</b>			<b>PRESIDENT</b>	<b>ANDERSON ELISE M</b>	<b>26441 SW 127 ave</b>	<input type="checkbox"/> Delete		<b>Homestead, FL 33032</b>			<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input 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: <u><i>Elise Anderson</i></u> <b>ELISE ANDERSON</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">DATE <b>4/30/04</b> 305 248 9598 x19</span>																																																																						