## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P03000152833 05-02-2005 90410 011 \*\*\*150.00 ANYTHING UNDER THE SUN, INC. Principal Place of Business Mailing Address 2321 SOUTHWEST 15TH ST. 2321 SOUTHWEST 15TH ST. TAUTAUAN MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. · Chg-P 04272005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0492616 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. O Box Number is Not Acceptable) 1840 SOUTHWEST 22 ST. 4TH FLOOR MIAMI, FL 33145 Zip Code 8. The above named entity submits this statement for the purpose of changing its reg registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 1 Now (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TID F Addition Change BAY, MIGUEL A 2321 SOUTHWEST 15TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITE □ Delete TID F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplied mental 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 HIS leport 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 the empowered. SIGNATURE: X

**FILED** 

May 02, 2005 8:00 am