

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000133691

Entity Name: ANASTASIA GRAFIX, INC.

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

16950 W. DIXIE HWY.
#139
NO. MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 593541
MIAMI, FL 33159

New Mailing Address:

FEI Number: 38-3711350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, R. KEITH
4675 PONCE DE LEON BLVD STE 302
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHAPARRO, ANASTASIA
Address: 4675 PONCE DE LEON BLVD STE 302
City-St-Zip: CORAL GABLES, FL 33146

Title: VP (X) Delete
Name: CHAPARRO, CARLOS
Address: 16950 W. DIXIE HWY #139
City-St-Zip: NO. MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHAPARRO, ANASTASIA
Address: 16950 W. DIXIE HWY. #139
City-St-Zip: NO. MIAMI BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANASTASIA CHAPARRO

DP

05/03/2005

Electronic Signature of Signing Officer or Director

Date