


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000160652	
1. Entity Name ANNI MANAGEMENT, INC.	

Principal Place of Business 2951 EAST STONEBROOK CIRCLE DAVIE, FL 33330	Mailing Address 2951 EAST STONEBROOK CIRCLE DAVIE, FL 33330
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1501062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAKOPIAN, HERMINIA N 2951 EAST STONEBROOK CIRCLE DAVIE, FL 33330
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DO NOT WRITE IN THIS SPACE

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 *Herminia N. Hakopian* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000780803 01/15/08-80009-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAKOPIAN, AMBAKUM 2951 EAST STONEBROOK CIRCLE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAKOPIAN, HERMINIA N 2951 EAST STONEBROOK CIRCLE DAVIE, FL 33330
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Herminia N. Hakopian* **10 Jan 2008** **(954) 424-4342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #