

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014357

Entity Name: ANAX CORPORATION

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

2061 W ATLANTIC #108
POMPANO BEACH, FL 33069

New Principal Place of Business:

4823 NW 22ND STREET
COCONUT CREEK, FL 33063

Current Mailing Address:

2061 W ATLANTIC #108
POMPANO BEACH, FL 33069

New Mailing Address:

4823 NW 22ND STREET
COCONUT CREEK, FL 33063

FEI Number: 20-2229896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVALCANTE, ANAXIMANDRO
2061 W ATLANTIC #108
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

CALVALCANTE, ANAXIMANDRO
4823 NW 22ND STREET
COCONUT CREEK, FL 33069 US

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: ANAXIMANDRO CAVALCANTE

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CALVALCANTE, ANAXIMANDRO
Address: 2061 W ATLANTIC #108
City-St-Zip: POMPANO BEACH, FL 33069

Title: VTD () Delete
Name: SILVA, FERNANDA G
Address: 2061 W ATLANTIC #108
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CALVALCANTE, ANAXIMANDRO
Address: 4823 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33063

Title: VTD (X) Change () Addition
Name: SILVA, FERNANDA G
Address: 4823 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANAXIMANDRO CAVALCANTE

PDS

04/29/2006

Electronic Signature of Signing Officer or Director

Date