
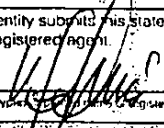
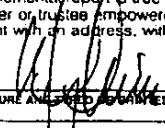


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-27-2006 90091 045 ***150.00

DOCUMENT # P05000083436					
1. Entity Name ANSY ENTERPRISE INC.					
Principal Place of Business 10491 SW 15 LN - APT 210 MIAMI FL 33174			Mailing Address 10491 SW 15 LN - APT 210 MIAMI FL 33174		
2. Principal Place of Business 158 NW 85 CT Suite, Apt. #, etc.			3. Mailing Address 158 NW 85 CT Suite, Apt. #, etc.		
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 204469306	
Zip 33126	Country USA	Zip 33126	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, NOEL 10491 SW 15 LN - APT 210 MIAMI FL 33174			7. Name and Address of New Registered Agent Name: Diaz Noel Street Address (P.O. Box Number is Not Acceptable): 158 NW 85 CT City: MIAMI FL Zip Code: 33126		
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:  Noel Diaz Leon DATE: 01/31/06 <small>(NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME DIAZ, NOEL	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Diaz Noel	
STREET ADDRESS 10491 SW 15 LN - APT 210			STREET ADDRESS 158 NW 85 CT		
CITY- ST- ZIP MIAMI FL 33174			CITY- ST- ZIP MIAMI FL 33126		
TITLE VP	NAME GONZALEZ-GOMEZ, ALBERTO	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Gonzalez-Gomez Alberto	
STREET ADDRESS 10491 SW 15 LN - APT 210			STREET ADDRESS 10250 SW 16 ST		
CITY- ST- ZIP MIAMI FL 33174			CITY- ST- ZIP MIAMI FL 33165		
TITLE T	NAME DE LAS CUEVAS, HILARIA Y	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME de las Cuevas Hilaria Y.	
STREET ADDRESS 10491 SW 15 LN - APT 210			STREET ADDRESS 158 NW 85 CT		
CITY- ST- ZIP MIAMI FL 33174			CITY- ST- ZIP MIAMI FL 33126		
TITLE S	NAME RENTE, SONIA I	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Rente Sonia I.	
STREET ADDRESS 10491 SW 15 LN - APT 210			STREET ADDRESS 10250 SW 16 ST		
CITY- ST- ZIP MIAMI FL 33174			CITY- ST- ZIP MIAMI FL 33165		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			12/10/06		
<small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		



ATTACHMENT
66005414

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

ANSY ENTERPRISE INC.
158 NW 85TH CT
MIAMI, FL 33126

Subject: ANSY ENTERPRISE INC.

Reference Number: P05000083436

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION