2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145365

City-St-Zip:

MIAMI, FL 33131

FILED May 02, 2007 Secretary of State

Entity Nai	me: ANSATY	P.A.			
Current Principal Place of Business:			New Princip	New Principal Place of Business:	
168 SE 1ST ST., SUITE 1006 MIAMI, FL 33131			SUITE 1006	168 SE 1ST ST., SUITE 1006 MIAMI, FL 33131	
Current Mailing Address:			New Mailing	New Mailing Address:	
168 SE 1ST ST., SUITE 1006 MIAMI, FL 33131			SUITE 1006	168 SE 1ST ST., SUITE 1006 MIAMI, FL 33131	
FEI Number:	: 33-1126933	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:	
SOLORZANO, ANA 168 SE 1ST ST., SUITE 1006 MIAMI, FL 33131 US			168 SE 1ST 5 SUITE 1006	SOLORZANO, ANA 168 SE 1ST ST., SUITE 1006 MIAMI, FL 33131 US	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its	registered office or registered agent, or both,	
SIGNATURE: ANA SOLORZANO				05/02/2007	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SOLORZANO, A 168 SE 1ST ST MIAMI, FL 331	., SUITE 1006	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () SOLORZANO, 3 168 SE 1ST ST MIAMI, FL 331	., SUITE 1006	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD () SOLORZANO, \$ 168 SE 1ST ST		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ANA SOLORZANO 05/02/2007 D