2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/27/2007-90036-001-$150.00-$150.00 *
8/27/2007-90036-002-$500.00-$500.00

FILED
07 SEP 24 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000050437

1. Entity Name
ANIKA CARDENAS, INC.

Principal Place of Business	Mailing Address
1307 13TH LANE PALM BEACH GARDENS, FL 33418 US	1307 13TH LANE PALM BEACH GARDENS, FL 33418 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1071 Bimini Lane	1071 Bimini Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Singer Island	City & State: Singer Island Fl
Zip: FL 33404 Country: USA	Zip: 33404 Country: USA

66021451

07162007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-4666935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARDENAS, ANIKA 1307 13TH LANE PALM BEACH GARDENS, FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Anika Cardenas
Signature required of printed name of registered agent/title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST ZIP	P CARDENAS, ANIKA 1307 13TH LANE PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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$ 9/27

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: Anika Cardenas 7/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #