2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2008 08:00 AN Secretary of State **DOCUMENT # P06000075297** 1. Entity Name ANF INVESTMENTS, INC. Principal Place of Business Mailing Address 8835 NW 95TH STREET 8835 NW 95TH STREET MEDLEY, FL 33178 MEDLEY, FL 33178 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5044588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VEREBAY, LAYNE ·¢' DO NOT WRITE 8201 PETERS ROAD, STE 1000 PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PVSD** TITLE 1000000774174 NAME VELIKOPOLJSKI, IGOR STREET ADDRESS 8835 NW 95TH STREET 01/07/08-80004+005 150/00 CITY-ST-7IP MEDLEY, FL 33178 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this fitting 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> VELIKODO! PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)883-4860