2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90088 049 ***158.75

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1. Entity Name
ANA CHEM CORPORATION

Principal Place of Business
4699 N. FEDERAL HIGHWAY
SUITE 209D
POMPANO BEACH, FL 33064 US

Mailing Address
4699 N. FEDERAL HIGHWAY
SUITE 209D
POMPANO BEACH, FL 33064 US

401000310

04272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
4536 N. Federal Highway
Suite, Apt. #, etc.
City & State
Fort Lauderdale, FL
Zip 33308 Country USA

3. Mailing Address
4536 N. Federal Highway
Suite, Apt. #, etc.
City & State
Fort Lauderdale, FL
Zip 33308 Country USA

4. FEI Number 20-5181611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES DE PESCHL, MARTHA
6600 NE 21ST LANE
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES DE PESCHL, MARTHA 6600 NE 21ST LANE FORT LAUDERDALE, FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Martha Torres De Peschl 04/27/07 954-854-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #