


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000115829

1. Entity Name
ANA ROGOZINSKI INC



FILED
2008 SEP 15 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
9.16 87

Principal Place of Business 3204 WEST BAY TO BAY BLVD. SUITE B TAMPA, FL 33629	Mailing Address 2502 NORTH RIDGEWOOD AVENUE TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box # 3712-A HENDERSON BLVD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08132008 Chg-P CR2E034 (12/06)

City & State TAMPA FLORIDA	City & State
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4. FEI Number 20-5520914	Applied For Not Applicable
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Zip 33609	Country HILLSBOROUGH	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JASON ROGOZINSKI P.A.
1303 NORTH WHEELER STREET
PLANT CITY, FL 33563**

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 \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">PSTD ROGOZINSKI, ANA 2502 NORTH RIDGEWOOD AVENUE TAMPA, FL 33602</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	PSTD ROGOZINSKI, ANA 2502 NORTH RIDGEWOOD AVENUE TAMPA, FL 33602	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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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: *A. Rogozinski* **PRESIDENT** 8/13/08 870-6468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #