

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000115829 1. Entity Name ANA ROGOZINSKI INC			
Principal Place of Business 3204 WEST BAY TO BAY BLVD. SUITE B TAMPA, FL 33629		Mailing Address 2502 NORTH RIDGEWOOD AVENUE TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box # 3712-A HENDERSON BLVD		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA FLORIDA		City & State	
Zip 33609		Country HILLSBOROUGH	
4. FEI Number 20-5520914		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD ROGOZINSKI, ANA 2502 NORTH RIDGEWOOD AVENUE TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>A. Rogozinski</i></u> PRESIDENT		8/13/08 870-6468	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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



08132008 Chg-P CR2E034 (12/06)

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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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