2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140742

239 CURTIS AVENUE

GROVELAND, FL 34736

Address:

City-St-Zip:

Entity Name: ANAYA BROTHERS CONSTRUCTION INC

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
239 CURTIS AVENUE GROVELAND, FL 34736				15249 SABLE AVE GROVELAND, FL 34736	
Current Mailing Address:			New Mailing Address:		
PO BOX 1 CLERMOI	20416 NT, FL 34712				
FEI Number	: 20-5853899	FEI Number Applied For ()	FEI Number Not Applicable (() Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Addr	ess of New Registered Agent:	
BRADEN	AVENUE W FON, FL 34205				
The above in the State	e named entity s e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU					
		ic Signature of Registered Ag		Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PRE () LEVINE, LAURA 239 CURTIS AV GROVELAND, I	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ARTEAGA ANA 239 CURTIS AN GROVELAND, I	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () ANAYA, FRANC 239 CURTIS AN GROVELAND, I	'ENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T () MEDINA, ALFO	Delete NSO	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LAURA LEVINE PRE 07/08/2008