


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90056 020 ***150.00

DOCUMENT # P07000126560 1. Entity Name ANSELMO PROPERTIES, INC.					
Principal Place of Business 417 EAST SHERIDAN STREET UNIT 183 DANIA BEACH, FL 33004			Mailing Address 417 EAST SHERIDAN STREET UNIT 183 DANIA BEACH, FL 33004		
2. Principal Place of Business - No P.O. Box # 3601 S.W. 30th Avenue		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc. Unit #3		Suite, Apt. #, etc. 			
City & State Hollywood, FL		City & State 		4. FEI Number 26-1460476	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSELMO, CELEDONIA 417 EAST SHERIDAN STREET UNIT 183 DANIA BEACH, FL 33004			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 ANSELMO, CELEDONIA <input type="checkbox"/> Delete 417 EAST SHERIDAN STREET UNIT 183 DANIA BEACH, FL 33004		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: <i>Celedonia Anselmo</i> CELEDONIA ANSELMO, Pres.			<i>April 15, 2008</i> 914-594-0170 Date Daytime Phone #		