## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P1000007684							FILED				
1. Entity Name		ANITE INC									
Kalyi 10	DO GIG	ANTE INC.				11 MAY -3 PM 12: 13				3	
Principal Place	e of Busines:		Mailing Address			1	_SECR	Eleky	GF STA	E	
6518 YUCATA		-				TALLA	HASSEE	FLOR	IDA		
ORLANDO, FL	32807-4	965									
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2. Principal Pl	lace of Busir	ness - No P.O. Box #	3. Mailing Address 65 8 Uu casan								
Suite, Apt.	<del>_</del>	CORRE	Suite, Apt #, etc.			04202044	Cha D	CD1E03	A (14109)		
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<b>3</b> \$8 €	a .	Glame	3288	Cour.	<u>5</u> . <b>B</b>	5. Certificate	of Status Desired		8.75 Addi ee Required		
6. Name and Address of Current R			Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent				
PRIETO, A	I E IANIDI	PO 1									
		VE. SUITE #215			Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FI	L 33607										
					Спу			FL	Zip Code		
8. The above	named entit	v submits this statement to	r the purpose of changing	ıts register	ed office or registe	ered agent, or bo	oth, in the State of Flo		miliar with, a	and accept	
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.											
SIGNATURES 4/26/2011											
Signature, typed or prifited name of registered egent and title if explicable (NOTE: Registered Agent signature required when relistating)  DATE											
FILE NOWILL FEE IS \$150.00  After May 1, 2011 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
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	L certify that th	ne information supplied with	this filling does not qualify			ed in Chapter 11	9, Florida Statutes 1	further certi	fy that the in	formation	
12. I hereby certify that the information supplied with this filting 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											
of the corporation or the receiver or trudtee 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: 4/26/201/											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dato  Dato  Dayume Phone #											