2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State
07-11-2005 90199 039 ***150.00

DOCUMENT # P92000003193

Entity Name
ANCO DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
300 71ST STREET SUITE 527 MIAMI BEACH, FL 33141 US	300 71ST STREET SUITE 527 MIAMI BEACH, FL 33141 US

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3389 Sheridan Street	3389 Sheridan Street
Suite, Apt. #, etc.: #419	#419
City & State: Hollywood FL	City & State: Hollywood, FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. FEI Number: 65-0389958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAN, SAMUEL
300 71ST STREET
SUITE 527
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 3389 Sheridan Street # 419
City: HOLLYWOOD FL Zip Code: 33021

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] SAMUEL DAN. July 7 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	DAN, SAMUEL	
STREET ADDRESS	300 71ST STREET, SUITE 527	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	T	☐ Delete
NAME	EDELMAN, JAY	
STREET ADDRESS	9350 SUNNIST LAKES BLVD, SUITE 204	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] July 7, 2005 786-486-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #