


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90064 016 ***150.00

DOCUMENT # P93000013347

1. Entity Name
ANJENU, INC.



Principal Place of Business
 10021 PINES BLVD.
 C-105
 PEMBROKE PINES FL 33024
 US

Mailing Address
 10021 PINES BLVD.
 C-105
 PEMBROKE PINES FL 33024
 US



2. Principal Place of Business - No P.O. Box #
1501 SW 131 WAY

3. Mailing Address
1501 SW 131 WAY

Suite, Apt. #, etc.
P-410

Suite, Apt. #, etc.
P 410

1st MOORE CR2E034 (10/06)

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES, FL

Zip
33027

Country
USA

Zip
33027

Country
USA

4. FEI Number **65-0383055** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROTH, ROBIN
10021 PINES BLVD.
C 105
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name **ROTH, ROBIN**

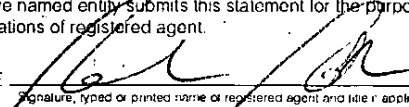
Street Address (P.O. Box Number is Not Acceptable)
1501 SW 131 WAY

P 410

City & State
PEMBROKE PINES FL

Zip Code
33027

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  **ROBIN ROTH, PRES** DATE **4-20-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

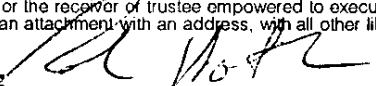
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	ROTH, ROBIN	1501 SW 131 WAY	PEMBROKE PINES FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ~~ROTH, ROBIN~~ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **ROBIN ROTH, PRES** DATE **4-20-07** DAYTIME PHONE # **954-436-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #