


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90164 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P93000015095</b>			
1. Entity Name <b>ANIBERN CORP.</b>			
Principal Place of Business 505 S FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401		Mailing Address VEL MARK 505 S FLAGLER STE900 WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROMANIX, DAVID S 3921 SW 64TH COURT FORT LAUDERDALE, FL 33312		Name <b>MARK VEIL</b> Street Address (P.O. Box Number is Not Acceptable) <b>505 S. Flagler Drive, Ste 900</b> City <b>West Palm Beach FL</b> Zip Code <b>33401</b>	
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 <u>Mark D. Veil, President (MARK D. VEIL)</u>		DATE <u>4-29-03</u>	
<small>Signature of individual printed name of registered agent and CEO is applicable. (NOTE: Registered Agent is separate registered office at listing)</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
VEIL, MARK D			
606 S FLAGLER DR #900			
W PALM BEACH, FL 33401			
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: <u>Mark D. Veil, President (MARK D. VEIL)</u>		DATE: <u>4-29-03</u> (56) 832-5292	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	



CHECK HERE IF MAKING CHANGES

4. FEI Number **85-0407768** Applied For  Not Applicable

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

STATE TO VENDOR  
 3030 THE CIRCLE RD  
 SUITE 200  
 WEST PALM BEACH, FL 33411

CR20034 (10/02)