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May 05, 2003 8:00 am
Secretary of State
05-05-2003 90164 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015095

1. Entity Name
ANIBERN CORP.

Principal Place of Business	Mailing Address
505 S FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401	VEIL, 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

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0407768 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMANIK, DAVID S 3921 SW 64TH COURT FORT LAUDERDALE, FL 33312	Name MARK VEIL Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive, Ste 900 City West Palm Beach FL Zip Code 33401

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 Mark D. Veil, President (MARK D. VEIL) 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when altering) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P VEIL, MARK D 606 S FLAGLER DR #900 W PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Mark D. Veil President (MARK D. VEIL 4-29-03 (561) 832-5292
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #