


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90026 005 ***158.75

DOCUMENT # P93000046203 1. Entity Name ANGLO AMERICAN ENTERPRISES, INC.	
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Principal Place of Business 4611 S. UNIVERSITY DR. #218 DAVIE, FL 33328	Mailing Address 4611 S. UNIVERSITY DR. #218 DAVIE, FL 33328
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03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0423745	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLEJNIK, JOHN
4611 S. UNIVERSITY DRIVE
SUITE 218
DAVIE, FL 33328

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OLEJNIK, JOHN 921 S.W. 68TH AVE. PLANTATION, FL 333174212
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:  **John OLEJNIK** 3/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #