

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087633

Entity Name: ANPIVE INC.

FILED  
Apr 18, 2008  
Secretary of State

## Current Principal Place of Business:

6925NW 52ND ST  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

6925 NW 52ND ST  
MIAMI, FL 33166

## New Mailing Address:

6925NW 52ND ST  
MIAMI, FL 33166

FEI Number: 65-0456041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNEY, REYNALDO  
5255 COLLINS AVE  
APT 5C  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BERNEY, REYNALDO  
Address: 5255 COLLINNS AVE  
City-St-Zip: MIAMI BCH, FL 33140

Title: V ( ) Delete  
Name: MORENO, MARIO E  
Address: 3440 NE 192ND ST APT 5B  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REYNALDO BERNEY

P

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date