


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P94000052327</b> 1. Entity Name <b>ANCADO, INC.</b>					
Principal Place of Business <b>7410 N NEBRASKA AVE TAMPA, FL 33604</b>			Mailing Address <b>7410 N NEBRASKA AVE TAMPA, FL 33604</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3255896</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAROL J ROOT 18405 DEBONAIR PL LUTZ, FL 33549</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <i>Carol J. Root</i> <small>Signature, typed or printed name of registered agent and fee, if applicable</small>			DATE <b>3/30/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOUPAS, ANGELO P 4715 KEMBLE COURT TAMPA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOUPAS, GUS D 7410 N NEBRASKA AVE TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROOT, CAROL J 7410 N NEBRASKA AVE TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: <i>Carol Root</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>3/30/05</b> <small>Daytime Phone #</small>		

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03252005 Chg-P CR2E034 (10/03) *MRS*

**3/30/05**

**\$5.00 May Be Added to Fees**

V.P  
KOUPAS, GUS  
7410 N. NEBRASKA AVE  
TAMPA, FL 33604

PRESIDENT  
ROOT, CAROL  
7410 N. NEBRASKA AVE  
TAMPA, FL 33604

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04/20/05--01047--014 \*\*\$1.25

**PRESIDENT**

**CAROL ROOT**

**3/30/05**