


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90137 032 ***150.00

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DOCUMENT # P95000012805	
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1. Entity Name
ANOUCHKA V INVESTMENTS, INC.

Principal Place of Business 19931 NE 36TH PL 1111 KANE CONCOURSE SUITE 401 AVENTURA FL 33180 US	Mailing Address 19931 NE 36TH PL 1111 KANE CONCOURSE SUITE 401 AVENTURA FL 33180 US
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2. Principal Place of Business 1111 KANE CONCOURSE Suite, Apt. #, etc. 401	3. Mailing Address 1111 KANE CONCOURSE Suite, Apt. #, etc. 401
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☐ CHECK HERE IF MAKING CHANGES

City & State BAY HARBOR ISLAND	City & State BAY HARBOR ISLAND
Zip 33154	Country USA

4. FEI Number 65-0657623	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent SAKOWITZ, ALAN C/O SAKOWITZ & SAKOWITZ CHARTERED 1111 KANE CONCOURSE SUITE 401 BAY HARBOR ISLANDS FL 33154
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGOZI, MAURICE 19931 NE 36TH PL AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____	DATE: 4/1/03	Daytime Phone #
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CR2E034 (10/02)