2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91788 048 ***150.00

029482 AV

DOCUMENT # P95000057281

1. Entity Name
ANAMAR CORPORATION

Principal Place of Business	Mailing Address
706 N.W 87TH AVE.	706 N.W 87TH AVE.
#410	#410
MIAMI FL 33172	MIAMI FL 33172

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8150 S W 8th St	8150 S W 8 th St.
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State Miam Fl	City & State Miam Fl
Zip 33144-4265 Country Miami Dade	Zip 33144-4265 Country Miami Dade

4. FEI Number 65-0599461 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAINEGRA, ANA MARIA
8150 S.W. 8TH ST.
#203
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 [signature] Ana Maria Mainegra 04/28/03
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAINEGRA, ANA MARIA		NAME	
STREET ADDRESS	8150 S.W. 8TH ST., #203		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] SIGNATURE REQUIRED Ana Maria Mainegra 1/10/03 305-266-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #