

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90240 023 ***150.00

DOCUMENT # P95000064200

1. Entity Name
ANPESIL OF FLORIDA, INC.



Principal Place of Business
**7190 NW 12TH STREET
MIAMI, FL 33126**

Mailing Address
**7190 NW 12TH STREET
MIAMI, FL 33126**

54035178



02152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0608693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PELAEZ, EMILIO
7190 N.W. 12TH STREET
MIAMI, FL 33126**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5:00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALPIZAR, OLGA 6059 BOULEVARD EAST WEST NEW YORK, NJ 07093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELAEZ, ANTONIO, JR. 797 SHETLAND LANE RIDGEFIELD, NJ 07657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PELAEZ, EMILIO 7 ALPINE DRIVE CLOSTER, NJ 07624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELAEZ, LUIS M 45 SILO LANE WARWICK, NY 10990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #