



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000096882 Entity Name ANLAR ENTERPRISES, CO.	
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Principal Place of Business 16400 COLLINS AVENUE SUITE 2244 MIAMI BEACH, FL 33160	Mailing Address 8819 FROUDE AVE MIAMI BEACH, FL 33154
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DO NOT WRITE IN THIS SPACE

FILED
05 OCT 19 PM 3:13
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



09132005 (No Chg. P) CR2E034 (10/03)

4. FEI Number 65-0752866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FERNANDEZ, BERTA
8819 FROUDE AVENUE
MIAMI BEACH, FL 33154**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by October 1, 2005**

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	PS FERNANDEZ, BERTA 8819 FROUDE AVE MIAMI BEACH, FL 33154
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for 10/24

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:  **9/1/05 305 8683638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #