
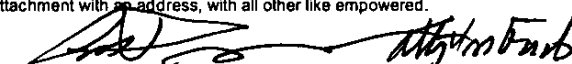


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90183 036 ***150.00

DOCUMENT # P96000048103		
1. Entity Name ANANDA FLORIDA, INC.		
Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE		50048265 (P 9 6 0 0 0 0 4 8 1 0 3 P) 03292005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0762015 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VILLANUEVA, CARLOS J ESQ 2100 PONCE DE LEON BLVD #600 CORAL GABLES, FL 33134		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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RUL, SUSAN D 601 BRICKELL KEY DRIVE MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENRIQUE, RUBIO 601 BRICKELL KEY DR STE 805 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		4-30-05 305 377 0812 Date Daytime Phone #