

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065594

Entity Name: ANACON, INC.

FILED
Apr 07, 2004
Secretary of State

Current Principal Place of Business:

8063 W. MCHAB RD
2ND FLR
TAMARAC, FL 33321 US

Current Mailing Address:

8063 W. MCHAB RD
2ND FLR
TAMARAC, FL 33321 US

FEI Number: 65-0689159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUEVEDO, ANTONIO
8063 W. MCHAB RD
2ND FLR
TAMARAC, FL 33321

New Principal Place of Business:

8333 W. MC NAB ROAD
SUITE 127
TAMARAC, FL 33321 US

New Mailing Address:

8333 W. MC NAB ROAD
SUITE 127
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

QUEVEDO, ANTONIO
8333 W. MC NAB ROAD
SUITE 127
TAMARAC, FL 33321

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.

SIGNATURE:

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUEVEDO, ANTONIO
Address: 8063 W. MCHAB RD 2ND FLR
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUEVEDO, ANTONIO
Address: 8333 W. MC NAB ROAD SUITE 127
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO QUEVEDO

PRES

04/07/2004

Electronic Signature of Signing Officer or Director

Date