

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90035 048 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000073710

1. Entity Name
A.N.I. INVESTMENTS, INC.



Principal Place of Business
1545-49 SOUTH CONGRESS AVENUE
DELRAY BEACH, FL 33445-6325

Mailing Address
1545-49 SOUTH CONGRESS AVENUE
DELRAY BEACH, FL 33445-6325

50015802



2. Principal Place of Business
600 N. CONGRESS AVE.
Suite, Apt. #, etc.
310
City & State
DELRAY BEACH, FL
Zip
33445
Country
U.S.A.

3. Mailing Address
1744 PRIMROSE LANE
Suite, Apt. #, etc.
City & State
WELLINGTON, FL
Zip
33414
Country
U.S.A.

01212005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0693298
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TEJANI, JITIN
1545-49 SOUTH CONGRESS AVENUE
DELRAY BEACH, FL 33445-6325

7. Name and Address of New Registered Agent

Name
JITIN TEJANI
Street Address (P.O. Box Number is Not Acceptable)
1744 PRIMROSE LANE
City
WELLINGTON FL Zip Code
33414

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, 2005 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	Delete
D	TEJANI, JITIN	1545-49 SOUTH CONGRESS AVENUE	DELRAY BEACH, FL 33445-6325	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
ADDRESS		1744 PRIMROSE LANE	WELLINGTON, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	ASIF SIDDIQUE	5878 ITHACA CIRCLE (W)	LAKEWORTH, FL 33463	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jitin Tejani JITIN TEJANI

02/10/2005

561-791-9567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #