2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P96000094024

Entity Name: ANICOL PROPERTIES, INC.

Current Principal Place of Business:

2137 N COMMERCE PARKWAY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2137 N COMMERCE PARKWAY
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0732214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILANES, FERNANDO
2137 N COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: MILANES, FERNANDO
Address: 2137 N COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: MILANES, COLLETTE
Address: 2137 N COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete
Name: SOLARANA, PHILIP
Address: 1671 NW 144 TERR #107
City-St-Zip: SUNRISE, FL 33323

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SOLARANA, ANA
Address: 1671 NW 144 TERR #107
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: COLLETTE MILANES D 03/24/2009
Electronic Signature of Signing Officer or Director Date