

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005746

Entity Name: ANROPA, INC.

FILED  
Feb 27, 2004  
Secretary of State

## Current Principal Place of Business:

28000 SPANISH WELLS BLVD  
200  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

28000 SPANISH WELLS BLVD  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

PO BOX 279  
BONITA SPRINGS, FL 34133

## New Mailing Address:

FEI Number: 59-3423376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC  
28000 SPANISH WELLS BLVD  
BONITA SPRINGS, FL 34135 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: DPT ( ) Delete  
Name: PAUL, ROLF  
Address: 28000 SPANISH WELLS BLVD STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VS ( ) Delete  
Name: PAUL, ANITA  
Address: 28000 SPANISH WELLS BLVD STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: PAUL, ROLF  
Address: 28000 SPANISH WELLS BLVD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VS (X) Change ( ) Addition  
Name: PAUL, ANITA  
Address: 28000 SPANISH WELLS BLVD  
City-St-Zip: BONITA SPRINGS, FL 34135

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: ANITA PAUL

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02/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date