

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92185 036 ***150.00

0291510 AV

DOCUMENT # P98000023401

1. Entity Name
ANAGA, INC.



Principal Place of Business
**10505 NW 29 TERRACE
MIAMI FL 33172**

Mailing Address
**10505 NW 29 TERRACE
MIAMI FL 33172**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0841192** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTINEZ, ROMAN
7025 S.W. 74 STREET
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, ROMAN
STREET ADDRESS	10505 NW 29 TERRACE
CITY-ST-ZIP	MIAMI FL 33172
TITLE	P <input type="checkbox"/> Delete
NAME	MARTINEZ VALENZUELA, JOSE
STREET ADDRESS	10505 NW 29 TERRACE
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, MILTON
STREET ADDRESS	10505 NW 29 TERRACE
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, GHERLIN
STREET ADDRESS	10505 NW 29 TERRACE
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, KAREN
STREET ADDRESS	10505 NW 29 TERRACE
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: SIGNATURE REQUIRED **04/29/03** **305-431-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)