

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100608

Entity Name: ANIMA DOMUS INC.

FILED  
Apr 09, 2008  
Secretary of State

## Current Principal Place of Business:

480 BILTMORE WAY  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

480 BILTMORE WAY  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 65-0881445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAZIAZENI, MARCONI  
8216 S.W. 171 TERR.  
MIAMI, FL 33157 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: NAZIAZENI, MARCONI  
Address: 8216 S.W. 171 TERR.  
City-St-Zip: MIAMI, FL 33157

Title: VSD ( ) Delete  
Name: NAZIAZENI, SILVIA  
Address: 8216 S.W. 171 TERR.  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARCONI NAZIAZENI

PRES

04/09/2008

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

\_\_\_\_\_  
Date