

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|--|--|
| DOCUMENT # P99000055845 | |
| 1. Entity Name ANSEL CORP. | |
| Principal Place of Business 601 S. OCEAN DRIVE HOLLYWOOD, FL 33019 | Mailing Address 601 S. OCEAN DRIVE HOLLYWOOD, FL 33019 |



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 65-0928316 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ANSEL, ERIC
601 S. OCEAN DRIVE
HOLLYWOOD, FL 33019**

**DO NOT WRITE
IN THIS SPACE**

B. 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

U000000933952

05/23/08-80012-019 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | ANSEL, GERTRUDE |
| STREET ADDRESS | 2201 S. OCEAN DRIVE |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 |
| TITLE | D |
| NAME | ANSEL, ERIC |
| STREET ADDRESS | 601 S. OCEAN DRIVE |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 |
| TITLE | D |
| NAME | ANSEL, PAUL |
| STREET ADDRESS | 601 S. OCEAN DRIVE |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08
Date

954-925-9100
Daytime Phone #