2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90019 033 ***150.00

DOCUMENT # S09426

1. Entity Name
AMERICAN NETWORK REAL ESTATE,INC.

94052018

04072004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1640 W OAKLAND PARK BLVD 400 FORT LAUDERDALE, FL 33311	1640 W OAKLAND PARK BLVD 400 FORT LAUDERDALE, FL 33311
2. Principal Place of Business: 6499 N. POWERLINE ROAD	3. Mailing Address: 6499 N. POWERLINE ROAD
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.: 301
City & State: FORT Lauderdale, FL	City & State: FORT Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 65-0225199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RENZULLI, EDWARD M
1640 W OAKLAND PARK BLVD
SUITE 400
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 6499 N. POWERLINE ROAD
Suite 301
City: FORT LAUDERDALE FL Zip Code 33309

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 __________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RENZULLI, EDWARD M 1640 W OAKLAND PARK BLVD SUITE 400 FORT LAUDERDALE, FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6499 N. POWERLINE ROAD, Suite 301 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #