

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90035 029 ***150.00

DOCUMENT # S37453		
1. Entity Name A'NUE LIGNE, INC.		

Principal Place of Business 7359 NW 34TH ST MIAMI, FL 33122	Mailing Address PO BOX 520549 MIAMI, FL 33152 US
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44023952

2. Principal Place of Business 3300 NW 41 Street	3. Mailing Address 3300 NW 41 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL.	City & State Miami, FL.
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Zip 33142	Country USA	Zip 33142	Country USA
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01152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0248526	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VARAT, LOIS 7359 NW 34TH ST MIAMI, FL 33122	
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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.

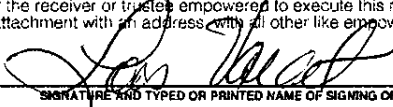
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD VARAT, LOIS 7359 NW 34TH ST MIAMI, FL 33122 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
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:  **3/30/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #