## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2007 08:00 AM Secretary of State **DOCUMENT # S37453** 1. Entity Name A'NUE LIGNE, INC. Principal Place of Business Mailing Address 3300 NW 41 STREET 3300 NW 41 STREET MIAMI, FL 33142 US MIAMI, FL 33142 CR2E034 (11/05) 01102007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0248526 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VARAT, LOIS DO NOT WRITE 3300 NW 41ST STREET MIAMI, FL 33142 IN THIS SPACE 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 aigneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD VARAT, LOIS NAME 3300 NW 41ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 STD TITLE NAME BONDY, JODI 3300 NW 41 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIII F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplies 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 trusted empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all some like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

di Doll director

19107 305-436-5825

**FILED**