


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90026 028 ***150.00

DOCUMENT # S48751 1. Entity Name ANSLAW, INC.					
Principal Place of Business 4930 NW 7TH AVE MIAMI, FL 33127			Mailing Address 4930 NW 7TH AVE MIAMI, FL 33127		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01272006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0264305				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ARCHIE, WILLIE F. 4930 NW 7TH AVE MIAMI, FL 33127	
7. Name and Address of New Registered Agent Name ARCHIE, SHIRLEY A.L. Street Address (P.O. Box Number is Not Acceptable) 4930 NW 7 Avenue City Miami FL Zip Code 33127				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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DPT ARCHIE, WILLIE 2000 N.W. 83RD ST. MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARCHIE, SHIRLEY A. L. 2000 N.W. 83RD ST. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARCHIE, SHIRLEY A.L. 2000 NW 83rd St. Miami FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 lines empowered.					
SIGNATURE: <u>Shirley Archie</u> <u>SHIRLEY Archie, president</u> <u>1/27/06</u> <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

40036797

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

ANSLAW, INC.
4930 NW 7TH AVE
MIAMI, FL 33127

Subject: ANSLAW, INC.

Reference Number:

S48751

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

In order for your check to be processed by our office there must be an amount payable. Both the numeric and written amount of the check must be the same.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION