Mar 20 06 04:37p Hernandez & Co. 30!

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Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90003 004 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V08315

1. Entity Name
ANCI PROPERTIES, INC.

Principal Place of Business	Mailing Address
11249 SW 154 AVE MIAMI, FL 33196 US	11249 SW 154 AVE MIAMI, FL 33196 US

03202006 Chg-P CR2E034 (11/05)

	2. Principal Place of Business	3. Mailing Address
	10845 SW 112 Avenue	10845 SW 112 Avenue
Suite, Apt. #, etc.	Apt. 110	Apt. 110
City & State	Miami, Fl 33176	Miami, Fl 33176
Zip	33176	33176
Country	USA	USA

4. FEI Number: 65-0312601 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESPOSITO, ANTONIETTA
11249 SW 154 AVE
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name: Esposito, Antonietta
Street Address (P.O. Box Number is Not Acceptable): 10845 SW 112 Avenue
Apt. 110
City: Miami FL Zip Code 33176

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, 2006 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	PDS ESPOSITO, ANTONIETTA 11249 SW 154 AVE MIAMI, FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ESPOSITO, Antonietta 10845 SW 112 Avenue #110 Miami, Fl. 33176	☒ Change ☐ Addition
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 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: Antonietta Esposito 03/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #