

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90029 048 \*\*\*158.75

**DOCUMENT # V13856**

1. Entity Name

ANAB PROPERTIES, INC.



Principal Place of Business

6600 SW 57TH AVE  
SUITE 200  
MIAMI FL 33143  
US

Mailing Address

6600 SW 57TH AVE  
SUITE 200  
MIAMI FL 33143  
US



2. Principal Place of Business - No P.O. Box #

**1320 S. DIXIE HIGHWAY**

Suite, Apt. #, etc.

**SUITE 241**

City & State

**CORAL GABLES, FL.**

Zip  
**33146**

Country  
**USA**

3. Mailing Address

**1320 S. DIXIE HIGHWAY**

Suite, Apt. #, etc.

**SUITE 241**

City & State

**CORAL GABLES, FL.**

Zip  
**33146**

Country  
**USA**

1st MOORE

CR2E034 (10/07)

4. FEI Number

**65-0313470**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRYER, WARREN**  
**6600 SW 57TH AVE**  
**MIAMI FL 33139**

7. Name and Address of New Registered Agent

Name

**WARREN BRYER**

Street Address (P.O. Box Number is Not Acceptable)

**1320 S. DIXIE HIGHWAY**

**SUITE 241**

City

**CORAL GABLES**

**FL**

Zip Code  
**33146**

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 the filer (if applicable).

(NOTE: Registered Agent signature required when filing change.)

**01/24/2008**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ABRAHAM, THOMAS G.</b>	
STREET ADDRESS	<b>6600 SW 57TH AVE.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>BRYER, WARREN</b>	
STREET ADDRESS	<b>6600 SW 57 AVENUE</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ABRAHAM, ANTHONY R</b>	
STREET ADDRESS	<b>6600 SW 57 AVE</b>	
CITY- ST- ZIP	<b>MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAHAM, THOMAS G.</b>	
STREET ADDRESS	<b>1320 S. DIXIE HIGHWAY - #241</b>	
CITY- ST- ZIP	<b>CORAL GABLES, FL. 33146</b>	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYER, WARREN</b>	
STREET ADDRESS	<b>1320 S. DIXIE HIGHWAY #241</b>	
CITY- ST- ZIP	<b>CORAL GABLES, FL. 33146</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAHAM, ANTHONY R.</b>	
STREET ADDRESS	<b>1320 S. DIXIE HIGHWAY #241</b>	
CITY- ST- ZIP	<b>CORAL GABLES, FL. 33146</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Anthony R. Abraham*  
**ANTHONY R. ABRAHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/31/2008**

**305-665-2222**

Date

Daytime Phone #