2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011766

Entity Name: ANAVENUSA, INC.

Current Principal Place of Business:

3104 N. ARMENIA AVE. #2 TAMPA, FL 33607

Current Mailing Address:

3104 N. ARMENIA AVE. #2 TAMPA, FL 33607 US

FEI Number: 81-4662360

Name and Address of Current Registered Agent:

TAGUE, ANA M 3104 N ARMENIA AVE SUITE 2 SUITE 307 TAMPA, FL 33607 US Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

DIRECTOR	Title	RECEIVER			
SILVA, VICTOR AUGUSTO DR.	Name	SPAGNOLO-PRIETO, MILEISES A			
8509 EDGEWATER PLACE BLVD.	Address	3405 W TAMPA BAY BLVD.			
TAMPA FL 33615	City-State-Zip:	TAMPA FL 33607			
DIRECTOR	Title	DIRECTOR			
MONSALVE, FLOR	Name	BLACK-BRENING, BELEN			
3104 N ARMENIA	Address	6846 CITRUS CREEK LN			
SUITE 2 TAMPA FL 33607	City-State-Zip:	TAMPA FL 33625			
	Title	DIRECTOR			
-	Name	BELLO, MARLENE			
	Address	3104 N ARMENIA AVE			
3104 N ARMENIA AVE SUITE 2		SUITE 2			
TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607			
	Title	SECRETARY			
	Name	ARCE, ELIZABETH CAROLINA			
SCHWARTZ, AMPARO	Address	3104 N ARMENIA AVE SUITE 2			
12919 CASTLEMAINE DR					
TAMPA FL 33626	City-State-Zip:	TAMPA FL 33607			
	DIRECTOR SILVA, VICTOR AUGUSTO DR. 8509 EDGEWATER PLACE BLVD. TAMPA FL 33615 DIRECTOR MONSALVE, FLOR 3104 N ARMENIA SUITE 2 TAMPA FL 33607 PRESIDENT TAGUE, ANA M 3104 N ARMENIA AVE SUITE 2 TAMPA FL 33607 VP SCHWARTZ, AMPARO 12919 CASTLEMAINE DR	DIRECTORTitleSILVA, VICTOR AUGUSTO DR.Name8509 EDGEWATER PLACE BLVD.AddressTAMPA FL 33615City-State-Zip:DIRECTORTitleMONSALVE, FLORName3104 N ARMENIAAddressSUITE 2City-State-Zip:TAMPA FL 33607TitlePRESIDENTTitleNAMEAddress3104 N ARMENIA AVECity-State-Zip:TAGUE, ANA MAddress3104 N ARMENIA AVECity-State-Zip:TAMPA FL 33607TitleVPCity-State-Zip:TAMPA FL 33607TitleVPNameSCHWARTZ, AMPAROAddress12919 CASTLEMAINE DRO'L O'LA TC			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANA M TAGUE	PRESIDENT	04/30/2022	
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 30, 2022 Secretary of State 6360287625CC

Date