

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K99312

1. Entity Name
ANTILLES EQUITY CORP.



Principal Place of Business

13274 NW 2ND TERR
MIAMI, FL 33188

Mailing Address

13274 NW 2ND TERR
MIAMI, FL 33188 US

DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0206029

Applied For
Not Applicable

5. Certificate of Status Destroyed ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AM/KGS REGISTERED AGENTS, INC
ONE SE 3RD AVENUE
STE 2250
MIAMI FL 33131

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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, not applicable

(NOTE: Registered Agent signature required when indicated)

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	
TITLE	S
NAME	VEGA DE TORRE, CRISTINA
STREET ADDRESS	2911 SW 97 AVE.
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	AS
NAME	ESCAGEDO, ANA MARIA ESQ
STREET ADDRESS	ONE S.E. THIRD AVE., STE 2250
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PTD
NAME	VEGA, ALEIDA S.
STREET ADDRESS	2911 SW 97 AVE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	V
NAME	VEGA DE MADRAZO, MARGARITA
STREET ADDRESS	2911 SW 97 AVE.
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/06-80014-018 150.00

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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 included 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-06

Date

Daytime Phone #