

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2006
Secretary of State**

DOCUMENT# N93000002101

Entity Name: THE ANTIPAS FOUNDATION, INC,

Current Principal Place of Business:

6701 S.W 116TH CRT
SUITE 402
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14-0062
CORAL GABLES, FL 331140062 US

New Mailing Address:

6701 S.W. 116 CT.
402
MIAMI, FL 331731748 US

FEI Number: 65-0414767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAELS, HENRY D
6701 SW 116 CT.
APT. 402
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: TRP () Delete
Name: GUTIERREZ, JUAN C
Address: 6701 SW 116TH CT 402
City-St-Zip: MIAMI, FL 33173 US

Title: CMDT () Delete
Name: MICHAELS, HENRY D
Address: C/O 5210 SW 5 TERRACE
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CMDT (X) Change () Addition
Name: MICHAELS, HENRY D
Address: 5210 S W 5 TERR.
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN C GUTIERREZ

TRP

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date