


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90030 035 \*\*\*150.00

**DOCUMENT # P03000046538**

1. Entity Name  
**ANTARES INVESTMENTS GROUP INC.**



Principal Place of Business  
**501 BRICKELL KEY DRIVE  
 SUITE 400  
 MIAMI, FL 33131**

Mailing Address  
**501 BRICKELL KEY DRIVE  
 SUITE 400  
 MIAMI, FL 33131**

2. Principal Place of Business  
**2230 NE 122nd ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2230 NE 122nd ST**  
 Suite, Apt. #, etc.

City & State  
**North Miami, FL**

City & State  
**North Miami, FL**

Zip  
**33181** Country  
**USA**

Zip  
**33181** Country  
**USA**



02052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**NS CORPORATE SERVICES INC.  
 501 BRICKELL KEY DRIVE  
 SUITE 400  
 MIAMI, FL 33131**

4. FEI Number  
**200008991**

Applied For, Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

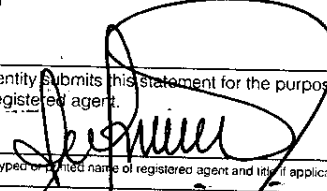
7. Name and Address of New Registered Agent

Name **PEIXOTO, ANA MARIA**

Street Address (P.O. Box Number is Not Acceptable)  
**2230 NE 122nd ST.**

City **North Miami** FL Zip Code **33181**

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  **Ana Maria Peixoto Director** **2/6/04**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

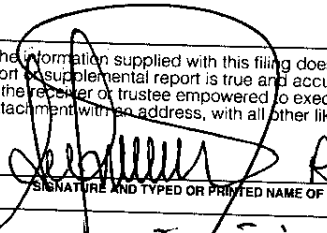
10. OFFICERS AND DIRECTORS

TITLE D <input type="checkbox"/> Delete	NAME PEIXOTO, ANA MARIA
STREET ADDRESS 1450 BRICKELL BAY DRIVE	CITY-ST-ZIP MIAMI, FL 33131
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME PEIXOTO, NORMA
STREET ADDRESS 2230 NE 122nd ST.	CITY-ST-ZIP NORTH MIAMI, FL 33181
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
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PEIXOTO, ANA MARIA
STREET ADDRESS 2230 NE 122nd ST	CITY-ST-ZIP NORTH MIAMI, FL 33181
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 exemption stated in Section 119.07(3)(i), 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:  **Ana Maria Peixoto** **2/6/04** **(305) 891 4891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #