


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90104 001 *1,575.00

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| DOCUMENT # P03000050087 |  |
| 1. Entity Name ANTINUCCI CORPORATION | |

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|--|--|
| Principal Place of Business 20030 N.E. 21ST AVE. NORTH MIAMI BEACH, FL 33179 | Mailing Address 20030 N.E. 21ST AVE. NORTH MIAMI BEACH, FL 33179 |
|--|--|

66015412



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 01-0781067 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

ANTINUCCI, REMO JR.
20030 N.E. 21ST AVE.
NORTH MIAMI BEACH, FL 33179

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP | P PI, ALFREDO 20030 N.E. 21ST AVE. NORTH MIAMI BEACH, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ANTINUCCI, REMO JR. 20030 N.E. 21ST AVE. NORTH MIAMI BEACH, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ANTINUCCI, REMO SR. 20030 N.E. 21ST AVE. NORTH MIAMI BEACH, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANTINUCCI, RAFFAELLE 20030 N.E. 21ST AVE. NORTH MIAMI BEACH, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ANTINUCCI, ALEXANDRO 20030 N.E. 21ST AVE. NORTH MIAMI BEACH, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUZMAN, ANA TERESA 20030 N.E. 21ST AVE. NORTH MIAMI BEACH, FL 33179 |

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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 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: _____ *(Signature)* _____ **05/01/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #