2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 13, 2005 8:00 am Secretary of State DOCUMENT # P03000093635 07-13-2005 90018 038 ***150.00 ANTONIO & SON CORPORATION Principal Place of Business Mailing Address 19135 US HIGHWAY 19 NORTH 19135 US HIGHWAY 19 NORTH UNIT F-12 UNIT F-12 CLEARWATER, FL 33764 CLEARWATER, FL 33764 2. Principal Place of Business 3. Mailing Address 1931 CASTLE BAY 1931 CASTLE BAU Suite, Apt. #, etc. Suite, Apt. #, etc 06232005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ()LD SMAR LLORIDA FLORIDA. 20-0184277 ULDSMAR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34677=260 Fee Required. --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 11601 S CLEVELAND AVE #6 FORT MYERS, FL 33907 City Zip Code 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete TITLE ☐ Addition NAME DA SILVA, ANTONIO CARLOS NAME 1931 CASTLE BAY STREET ADDRESS 19135 US HIGHWAY 19 NORTH, #F-12 STREET ADDRESS 34677 - 2602 OLDBMAR, FLORIDA CLEARWATER, FL 33764 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition DA SILVA FILHO, ANTONIO CARLOS NAME NAME STREET ADDRESS 19135 US HIGHWAY 19 NORTH, #F-12 STREET ADDRESS 1931 CASTLE BAY 34677 - 2602. CLEARWATER, FL 33764 CITY-ST-ZIF CITY-ST-ZIP OLDSMAR, FLORIDA TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of justee 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF

☐ Delete

06-27-05

☐ Change

☐ Addition

FILED