

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 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



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0206029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
ONE SE 3RD AVENUE
STE 2250
MIAMI, FL 33131

**DO NOT WRITE
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 and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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**

U000000130760
04/26/04-80131-004 150.00

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VEGA DE TORRE, CRISTINA
2911 SW 97 AVE.
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
ESCAGEDO, ANA MARIA ESQ
ONE S.E. THIRD AVE., STE 2250
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
VEGA, ALEIDA S.
2911 SW 97 AVE.
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
VEGA DE MADRAZO, MARGARITA
2911 SW 97 AVE.
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #