2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 852357

1. Entity Name
KANTARA CORPORATION

Principal Place of Business	Mailing Address
332 MIRACLE MILE CORAL GABLES, FL 33134	332 MIRACLE MILE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0079898

Applied For
Not Applic

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

6. Name and Address of Current Registered Agent

ARANGO,RAMIRO
332 MIRACLE MILE
CORAL GABLES, FL 33134

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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 _____ DATE
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, 2005 Fee will be $550.00

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

000000351693
05/02/05-80156-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ILLUECA-SIBAUSTE,ANIBAL
STREET ADDRESS	AVENIDA CUBA 34-44
CITY-ST-ZIP	PANAMA,REP. PANAMA,
TITLE	VD
NAME	ILLUECA HERRANDO, ANIBAL
STREET ADDRESS	AVENIDA CUBA 34-44
CITY-ST-ZIP	PANAMA,REP. PANAMA,
TITLE	SD
NAME	ILLUECA HERRANDO, ADAN A
STREET ADDRESS	AVENIDA CUBA 34-44
CITY-ST-ZIP	PANAMA,REP. PANAMA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 attached with an address, with all other like empowered.

SIGNATURE: _____ 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #