

**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 332 MIRACLE MILE CORAL GABLES, FL 33134	Mailing Address 332 MIRACLE MILE CORAL GABLES, FL 33134



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0079888

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARANGO, RAMIRO
332 MIRACLE MILE
CORAL GABLES, FL 33134**

**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 reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD ILLUECA-SIBAUSTE, ANIBAL AVENIDA CUBA 34-44 PANAMA, REP. PANAMA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ILLUECA HERRANDO, ANIBAL AVENIDA CUBA 34-44 PANAMA, REP. PANAMA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ILLUECA HERRANDO, ADAN A AVENIDA CUBA 34-44 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)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #