2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002717

1. Entity Name
ANTAMEX (US) INC.

Principal Place of Business	Mailing Address
210 GREAT GULF DR. CONCORD, ONTARIO CANADA, L4K -5W1	210 GREAT GULF DR. CONCORD, ONTARIO CANADA, L4K -5W1

DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0188325
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE, STE. 1102
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, 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	D
NAME	CHAFEE, ROBERT E
STREET ADDRESS	2 PHEASANT LANE
CITY-ST-ZIP	ETOBICOKE, ONTARIO, CANADA,
TITLE	D
NAME	PESTRIN, MARIO
STREET ADDRESS	83 KLEIN'S RIDGE
CITY-ST-ZIP	KLEINBURG, ONTARIO, CANADA,
TITLE	PST
NAME	TOFFOLI, ELIO PETER
STREET ADDRESS	28 ANNIS ROAD
CITY-ST-ZIP	SCARBOROUGH, ONTARIO, CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/06-80040-003 150.00

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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: (ELIO TOFFOLI) Feb 14/05 905-660-4520