

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F05000003975

1. Entity Name  
ANTIGUA LANDINGS CORPORATION S.A.



Principal Place of Business  
11811 NORTH FREEWAY 300  
HOUSTON, TX 77060

Mailing Address  
11811 NORTH FREEWAY 300  
HOUSTON, TX 77060

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**



04102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1138519

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TANGMAN, GORDON  
7821 NORTH DALE MABRY SUITE 110  
TAMPA, FL 33614

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CP  
RUSCA, FAUSTO  
VIA MAGGIO 1  
6900 LUGANO, SWITZERLAND,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
TRUJICCO, CESAR ANTONIO  
PO BOX 823-2446  
PANAMA REP. DE PANAMA,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
GIANELLA, LUSIA  
VIA MAGGIO 1  
6900 LUGANO, SWITZERLAND,

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**

000000721991  
05/02/07-80012-024 150.00

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:

*MICHAEL G. TOMPARE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07  
Date

281 8700797  
Daytime Phone #