

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000002156

FILED
Nov 02, 2009
Secretary of State

Entity Name: ANTIGUA DEVELOPMENT, S.A., A PANAMANIAN CORPORATION

Current Principal Place of Business:

9370 SUNSET DR., STE. A-100
C/O MARTIN E. PONS
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9370 SUNSET DR., STE. A-100
C/O MARTIN E. PONS
MIAMI, FL 33173

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PONS, MARTIN E.
9370 SUNSET DR., STE. A-100
C/O MARTIN E. PONS
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARTIN E PONS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SARAIVA, EDUARDO
Address: 10255 NW 9 ST. CIR., UNIT 404-7
City-St-Zip: MIAMI, FL 33172

Title: DVP () Delete
Name: SARAIVA, SYLVIA
Address: 10255 NW 9 ST CIR, UNIT 404-7
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: PONS, MARTIN E.
Address: 9370 SUNSET DR., STE. A-100
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN E PONS

S

11/02/2009

Electronic Signature of Signing Officer or Director

Date