

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F90420

1. Entity Name
ANTENNA WORLD, INCORPORATED



Principal Place of Business

9500 NW 12ST
#5
MIAMI, FL 33172 US

Mailing Address

9500 NW 12ST
#5
MIAMI, FL 33172 US



05102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2246864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLA, RAUL J
9500 NW 12ST., #5
MIAMI, FL 33172

**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 (if not applicable)

(If OFF Registered Agent's signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

NAME
PLA, RAUL J
ADDRESS
9500 NW 12ST., #5
CITY/STATE
MIAMI, FL 33172

NAME
VTSD
ADDRESS
PLA, CARMEN S.
ADDRESS
9500 NW 125 ST. #5
CITY/STATE
MIAMI, FL 33172

NAME
ADDRESS
CITY/STATE

NAME
ADDRESS
CITY/STATE

NAME
ADDRESS
CITY/STATE

NAME
ADDRESS
CITY/STATE

000000159879
05/12/04-80004-012 150.00

**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 attachment with an address with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04

3058034555