


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90272 038 \*\*\*150.00

<b>DOCUMENT # M18801</b> 1. Entity Name <b>ANTHONY INTERNATIONAL CORP.</b>					
Principal Place of Business <b>12433 SW 94TH LANE</b> <b>MIAMI, FL 33186 US</b>			Mailing Address <b>12433 SW 94TH LANE</b> <b>MIAMI, FL 33186 US</b>		
2. Principal Place of Business <b>9399 Wade Blvd.</b>		3. Mailing Address <b>9399 Wade Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 7104</b>		Suite, Apt. #, etc. <b>Suite 7104</b>			
City & State <b>Frisco, TX</b>		City & State <b>Frisco, TX</b>		4. FEI Number <b>59-2707212</b>	
Zip <b>75035-2199</b>		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PERDOMO, MILAGROS</b> <b>231 ALTARA AVE</b> <b>CORAL GABLES, FL 33146</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>DE HANDAL, JULIETA</b> <b>12433 S.W. 94TH LANE</b> <b>MIAMI, FL 33186</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9399 Wade Blvd., Suite 7104</b> <b>Frisco, TX 75035-2199</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANDAL, ROXANA</b> <b>12433 S.W. 94TH LANE</b> <b>MIAMI, FL 33186</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
<b>SIGNATURE: ✓</b> _____ <b>✓</b> _____ <b>✓</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					