## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # M18801  1. Entity Name ANTHONY INTERNATIONAL CORP.   |  |  |          |   |                        |   | 08  | SEP 29 PI  | •  |   |  |
|---|--|--|----------|---|------------------------|---|---|--|--|---|--|
| Principal Place of Business 11919 CHATTANOOGA DRIVE FRISCO, TX 75035 US   |  |  | 119      | Mailing Address<br>11919 CHATTANOOGA DRIVE<br>FRISCO, TX 75035 US |                        |   |   | ALAHASSEE.   | STATE<br>FLORIDA                                     | 1816 B1811 818                          | 11 <b>22</b> 1 (2 7 <b>22</b> )          |
| 2. Principal Place of Business - No P.O. Box #  |  |  |          | 3. Mailing Address  |                        |   |   |  |  |   |  |
| Suite, Apt. #, etc.   |  |  | Su       | Suite, Apt. #, etc.   |                        |   | 09222008  | Chg-P  | CR2E034  | (12/06)                                 |  |
| City & State  |  |  | Cit      | ty & State  |                        | 4. FEI Numb<br>59-270                                       |   |  | <del></del>  | pplied For<br>ot Applicable             |  |
| Zip   | Country                                  |  |          |   | Coun                   | try   | 5. Certificate  | of Status Desired  |  | 3.75 Add<br>e Require                   |  |
| 6. Name and Address of Current Registered Agent   |  |  |          |   |                        | 7. Name and Address of New Registered Agent Name            |   |  |  |   |  |
| PERDOMO, MILAGROS<br>231 ALTARA AVE<br>CORAL GABLES, FL 33146   |  |  |          |   |                        | Street Addres   | ss (P.O. Box Numb   | er is Not Acceptable<br><b>/enue</b>                                 | e)   |   |  |
| 3014 IL 3715EE3, 1 E 33143  |  |  |          | Suite 4   |                        |   | 403   |  |  |   |  |
|   |  |  |          |   |                        | City<br>Miami   |   |  | Ţ  | 33129                                   | •  |
| The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.  SIGNATURE  Signature, typed or planted name of registered agent and title if applicable.  (NOTE: Registered Agent and title if applicable. |  |  |          |   |                        |   |   |  | 9/22/200   |   | and accept                               |
| FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign F Trust Fund Contribut   |  |  |          |   | _                      | ,   | \$5.00 May Be<br>Added to Fees                                    | In accordance v<br>corporation did                                   | with s. 607.19<br>not receive t                      | 93(2)(b),<br>he prior r                 | F.S., the notice.                        |
| 10.   | TC                                       | OFFICERS AND I   | DIRECT   |   | 11.                    |   | ADDITIONS   | CHANGES TO OFF   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | AL, JULIETA<br>ATTANOOGA DRIVE<br>X 75035  |          | ☐ Delete  |                        |   | 1 O<br>10/01/   | <b>01</b> 365:   | _  | ] Change<br><b>1</b><br>150.00          | ☐ Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>HANDAL, I<br>11919 CHA<br>FRISCO, T | ATTANOOGA DRIVE  |          | ☐ Delete  |                        |   |   |  | C  | ] Change                                | Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |          | ☐ Delete  |                        |   |   |  | C  | ] Change                                | Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |          | ☐ Delete  |                        |   |   |  | C  | Change                                  | ☐ Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |          | ☐ Delete  |                        |   |   |  |  | ] Change                                | Addition                                 |
| TITLE INAME STREET ADDRESS CITY-ST-ZIP  |  |  | _        | ☐ Delete  |                        |   |   |  |  | Change                                  | Addition                                 |
| indicated<br>of the cor   | on this report poration or the           | information supplied with<br>or supplemental report is<br>e receiver or trustee empo<br>charant with an address, w | true and | d accurate and that report  | ny signat<br>as requir | emptions contain<br>lure shall have the<br>red by Chapter I | ned in Chapter 119<br>he same legal effec<br>607, Florida Statute | ), Florida Statutes. I<br>et as if made under<br>es; and that my nam | further certify<br>path; that I am<br>e appears in 8 | that the in<br>an officer<br>lock 10 or | nformation<br>or director<br>Block 11 if |

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🗹