

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000053170

Entity Name: ANTOROS CORPORATION

FILED
Jun 12, 2007
Secretary of State

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-1011953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE L
2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IANNICELLI SFORZA, ANTONIO
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD (X) Delete
Name: LOPEZ DE IANNICELLI, ROSELIA
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD () Delete
Name: IANNICELLI, GIOVANNA
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD (X) Delete
Name: IANNICELLI, VICTOR S
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD (X) Delete
Name: IANNICELLI, ROSA K
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD (X) Delete
Name: IANNICELLI, ANTONIO J
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US

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:

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: ANTONIO IANNICELLI SFORZA

PD

06/12/2007

Electronic Signature of Signing Officer or Director

Date