

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053170

FILED
Aug 13, 2009
Secretary of State

Entity Name: ANTOROS CORPORATION

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 US

New Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 US

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:

GURIAN, JORGE L
2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 US

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: JORGE L GURIAN

08/13/2009

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: PD () Delete
Name: IANNICELLI, ANTONIO
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IANNICELLI, ANTONIO
Address: 2665 SOUTH BAYSHORE DRIVE STE 906
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD (X) Change () Addition
Name: IANNICELLI, GIOVANNA
Address: 2665 SOUTH BAYSHORE DRIVE STE 906
City-St-Zip: COCONUT GROVE, FL 33133 US

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

PD

08/13/2009

Electronic Signature of Signing Officer or Director

Date