2006 FOR PROFIT CORPORATION

ANNUAL REPORT

OFFICERS AND DIRECTORS

DOCUMENT # P00000105454

1. Entity Name

10

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

DILE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TAZZA, MAURIZIO

SANTIN, GILSON L

22241 LARKSPUR TRAIL

BOCA RATON, FL 33432

22241 LARKSPUR TRAIL

BOCA RATON, FL 33432

ROKUKAWA, HAMILTON K

22241 LARKSPUR TRAIL

BOCA RATON, FL 33432

NATOS, ALVAROC

LOPES, MARCOS A

BARRIO, ARTURO F

PCST

ANTHEUS TECHNOLOGY, INC.



Principal Place of Business Mailing Address 22241 LARKSPUR TRAIL 22241 LARKSPUR TRAIL BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent BARRIO, ARTURO F 22241 LARKSPUR TRAIL **BOCA RATON FL 33432** 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A 9. Election Campaign Financi FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

Trust Fund Contribution.

Delete

Delete

Delete

Delete

☐ Delete

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-78P

FILED Jan 24, 2006 8:00 am Secretary of State

01-24-2006 90015 028 ***150.00

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	01162006	Chg-P	CR2E03	CR2E034 (11/05)		
· -	4. FEI Number 65-105			→	plied For t Applicable	
ountry		of Status Desired	□ \$	\$8.75 Additional Fee Required		
	7. Name and	Address of New R	egistered A	gent		
Name						
Street Add	dress (P.O. Box Numb	er is Not Acceptable	e)			
City			FL	Zip Code	,	
stered Agent signature	required when reinstating)		DATE			
inancing ion. □	\$5.00 May Be Added to Fees					
11.	ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
TITLE		· -		☐ Change	Addition	

☐ Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE: Howard Hand	ARTURO FERNANDE BARRIO	16 JAN 06	561417 3876
SIGNATURE AND TYPED OR PRINTED NAME		Date	Davtime Phone #