
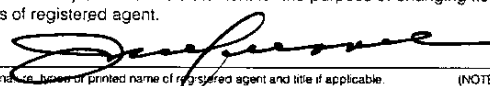
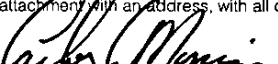


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
05 MAY 12 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



RECEIVED MAY 19 2005

DOCUMENT # P01000052342			
1. Entity Name PREMIERE ANTIQUES, INC.			
Principal Place of Business 222 LAKEVIEW AVENUE PENTHOUSE #5 WEST PALM BEACH, FL 33401		Mailing Address 222 LAKEVIEW AVENUE PENTHOUSE #5 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 810 S Dixie Hwy		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State	
Zip 33401		Country USA	
6. Name and Address of Current Registered Agent MORRISON, CARLOS 22 LAKEVIEW AVE PHS WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Joel P. Koeppe, Esquire Street Address (P.O. Box Number is Not Acceptable) 525 South Flagler Drive Suite 200 City West Palm Beach FL Zip Code 33401	
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 		5/4/05	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MORRISON, CARLOS 222 LAKEVIEW AVENUE PENTHOUSE #5 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200055209012 05/24/05--01071--036 **\$61.25
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
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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.			
SIGNATURE:  CARLOS MORRISON		5-5-2005 561-832-6070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	