

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-20-2004 90001 047 \*\*\*163.75

**DOCUMENT # P01000069881**

1. Entity Name  
**THE ANTOINE INVESTMENT GROUP, INC.**



Principal Place of Business  
**11633 NW 7TH AVE, Ste. 102**  
**MIAMI, FL 33168**

Mailing Address  
**11633 NW 7TH AVE, Ste. 102**  
**MIAMI, FL 33168**

**54063704**



03252003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0553439**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ANTOINE, YOLETTE**  
**3537 SW 175TH AVE**  
**MIRAMAR, FL 33029**

**DO NOT WRITE  
IN THIS SPACE**

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 *Yolotte Antoine* **06/29/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SAINT-SURIN, JAMES
STREET ADDRESS	3537 SW 175 AVE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	DV
NAME	JEAN, JACQUELINE
STREET ADDRESS	1305 NW 7TH AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	DT
NAME	SAINT-SURIN, JIMMY
STREET ADDRESS	3537 SW 175TH AVE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	DS
NAME	CHAPIESKY, LISHA A
STREET ADDRESS	12555 NW 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	MD
NAME	ANTOINE, YOLETTE
STREET ADDRESS	3537 SW 175TH AVE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	A
NAME	JEANETTE ANTOINE
STREET ADDRESS	12555 NW 1 AVE
CITY-ST-ZIP	MIAMI, FL 33168

**DO NOT WRITE  
IN THIS SPACE**

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: *James Saint-Surin* **6-29-04** **786-413-0707**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #