


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90033 022 \*\*\*163.75

<b>DOCUMENT # P01000069881</b>			
1. Entity Name <b>THE ANTOINE INVESTMENT GROUP, INC.</b>			
Principal Place of Business <b>11633 NW 7TH AVE STE. 102 MIAMI, FL 33168</b>		Mailing Address <b>11633 NW 7TH AVE STE. 102 MIAMI, FL 33168</b>	
2. Principal Place of Business <b>11629-31-33 N.W. 7th AVE.</b>		3. Mailing Address <b>11629-31-33 N.W. 7 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33168</b>	Country <b>U.S.A.</b>	Zip <b>33168</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>ANTOINE, YOLETTE 11629 N.W. 7 AVE MIAMI, FL 33168</b>		7. Name and Address of New Registered Agent Name <b>YOLETTE ANTOINE</b> Street Address (P.O. Box Number is Not Acceptable) <b>11629 NW 7th AVE</b> City <b>MIAMI</b> FL Zip Code <b>33168</b>	
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: <i>[Signature]</i> <b>R. A. Yolette Antoine</b> DATE: <b>07-30-06</b> (NOTE: Registered Agent signature required when terminating)			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANTOINE, YOLETTE 11633 NW 7TH AVE., STE 102 MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD JEAN J. JUSME 11629-31-33 NW 7th AVE MIAMI, FLORIDA 33168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MDVP ST. SURIN, JAMES 11633 NW 7TH AVE., STE 102 MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS ISLER, SHONTRELLE 1305 NW 203RD ST. MIAMI, FL 33169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD MARC, JEANINE 11633 NW 7TH AVE STE. 102 MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD JEANINE JEAN 11629-31-33 N.W. 7th AVE. MIAMI, FLORIDA 33168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CAVALIER, MARIENNE 11633 NW 7TH AVE STE. 102 MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
SIGNATURE: <i>[Signature]</i> <b>Yolette Antoine</b>		Date: <b>07-30-06</b> Daytime Phone #: <b>7864869172</b>	

60038579



07032006 Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0553439** Applied For  
Not Applicable

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