## -2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 10, 2005 8:00 am Secretary of State DOCUMENT # P02000021717 05-10-2005 90115 032 \*\*\*158.75 1. Entity Name ANTONIO & ASSOCIATES FINANCIAL SERVICES INC. Malling Address Principal Place of Business GTSTEDDE 6625 MIAMI LAKES DRIVE 6625 MIAMI LAKES DRIVE SUITE 352 SUITE 352 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4, FEI Number 01-0611416 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 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. \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE MILE ☐ Delete ☐ Addition ANTONIO, VICKI NAME NAME 6625 MIAMI LAKES DRIVE SUITE 352 STREET ADDR STREET ADDRESS OUT OF THE CITY-ST-ZIP Delete : ine TITLE ☐ Change Addition FERGUSON, DANA W NAMÉ NAME ... STREET ADDRESS 6625 MIAMI LAKES DRIVE SUITE 352 STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUY-SI-7P CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 trusted 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 attrictment with an address, with all other like empowered.

**FILED**