
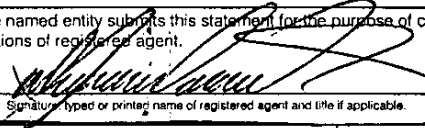
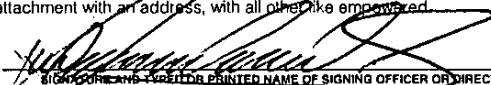


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 042 ***150.00

DOCUMENT # P03000026657 1. Entity Name ANTOMAR INTERNATIONAL DEVELOPERS INC.					
Principal Place of Business 8341 NW 64 STREET MIAMI, FL 33166			Mailing Address 8341 NW 64 STREET MIAMI, FL 33166		
2. Principal Place of Business 11383 NW 65 ST		3. Mailing Address 11383 NW 65 ST			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —			
City & State Miami Florida		City & State MIAMI FL		4. FEI Number APPLIED FOR 20-0881440	
Zip 33178		Country MIAMI DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORES, MARIA LUISA 8341 NW 64 STREET MIAMI, FL 33166			7. Name and Address of New Registered Agent Name RAFAEL A CENNAMO Street Address (P.O. Box Number is Not Acceptable) 11383 NW 65 ST City MIAMI FL 33178		
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:  DATE 02/10/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P FLORES, MARIA LUISA <input type="checkbox"/> Delete 8341 NW 64 STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Flores Maria Luisa 11383 NW 65 ST Miami, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete CENNAMO, AFAEL A 8341 NW 64 STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CENNAMO, RAFAEL A 11383 NW 65 ST Miami, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete CENNAMO, ANTONIO 8341 NW 64 STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Flores Maria Luisa 11383 NW 65 ST Miami, FL 33178	
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	
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: 			Date 02/10/05 Daytime Phone #		