

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90030 035 \*\*\*150.00

**DOCUMENT # P03000046538**

1. Entity Name  
**ANTARES INVESTMENTS GROUP INC.**



Principal Place of Business  
**501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI, FL 33131**

Mailing Address  
**501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI, FL 33131**

2. Principal Place of Business  
**2230 NE 122nd ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2230 NE 122nd ST**  
Suite, Apt. #, etc.



02052004 Chg-P CR2E034 (10/03)

City & State  
**North Miami, FL**  
Zip **33181** Country **USA**

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4. FEI Number  
**200008991**  
Applied For, Not Applicable

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

## 6. Name and Address of Current Registered Agent

**NS CORPORATE SERVICES INC.  
501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI, FL 33131**

## 7. Name and Address of New Registered Agent

Name **Peixoto Ana MARIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2230 NE 122nd ST.**  
City **North Miami** FL Zip Code **33181**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Ana Maria Peixoto Director**

**2/6/04**

**FILE NOW!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEIXOTO, ANA MARIA 1450 BRICKELL BAY DRIVE MIAMI, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT PEIXOTO, NORMA 2230 NE 122nd ST. North Miami, FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director PEIXOTO, Ana Maria 2230 NE 122nd ST North Miami, FL 33181</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

**Ana Maria Peixoto** **2/6/04** **(305) 891 4891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #