

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90104 001 *1,575.00

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1. Entity Name
ANTINUCCI CORPORATION



Principal Place of Business
**20030 N.E. 21ST AVE.
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**20030 N.E. 21ST AVE.
NORTH MIAMI BEACH, FL 33179**

66015412



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0781067

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANTINUCCI, REMO JR.
20030 N.E. 21ST AVE.
NORTH MIAMI BEACH, FL 33179**

**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 _____

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME PI, ALFREDO
STREET ADDRESS 20030 N.E. 21ST AVE.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE V
NAME ANTINUCCI, REMO JR.
STREET ADDRESS 20030 N.E. 21ST AVE.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE TD
NAME ANTINUCCI, REMO SR.
STREET ADDRESS 20030 N.E. 21ST AVE.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE D
NAME ANTINUCCI, RAFFAELLE
STREET ADDRESS 20030 N.E. 21ST AVE.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE SD
NAME ANTINUCCI, ALEXANDRO
STREET ADDRESS 20030 N.E. 21ST AVE.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE D
NAME GUZMAN, ANA TERESA
STREET ADDRESS 20030 N.E. 21ST AVE.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/06

Date

Daytime Phone # _____