## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000070980**

1. Entity Name ANTIQUE ALLEY, INC.



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

350 S COUNTY RD STE 201 PALM BEACH, FL 33480 Mailing Address

350 S COUNTY RD STE 201 PALM BEACH, FL 33480



## DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

04282005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-7230515 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DANTON, RICHARD 350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH, FL 33480

## 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, 2005 Fee will be \$550.00  9. Election Campalgn Finan Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE Name Street address City-St-Zip	P DANTON, RICHARD 350 S COUNTY RD STE 201 PALM BEACH, FL 33480			1100000356051 05/04/05-80020-011 158.75		
TITLE Name Street adoress City-St-Zip	S BURAUOFF, JOSEPH 350 S COUNTY RD STE 201 PALM BEACH, FL 33480					
TITLE NAME STREET ADDRESS CITY -ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
ITILE NAME STREET ADORESS CITY-ST-ZIP						
ШП						

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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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:

STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

561-802-4220