
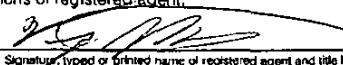



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FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90067 050 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000073689			
1. Entity Name EXIM ANTIGUA, INC.			
Principal Place of Business 676 W PROSPECT RD FT LAUDERDALE, FL 33309		Mailing Address 676 W PROSPECT RD FT LAUDERDALE, FL 33309	
2. Principal Place of Business 265 SOUTH FEDERAL HWY		3. Mailing Address 265 SOUTH FED. HWY.	
Suite, Apt. #, etc. 355		Suite, Apt. #, etc. 355	
City & State DEERFIELD BEACH FL		City & State DEERFIELD BEACH FL	
Zip 33441	Country U.S.A	Zip 33441	Country U.S.A
6. Name and Address of Current Registered Agent MURPHY, VAUGHN 676 W PROSPECT RD FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name MURPHY, VAUGHN Street Address (P.O. Box Number is Not Acceptable) 265 SOUTH FEDERAL HWY #355 City DEERFIELD BEACH FL Zip 33441	
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 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 MURPHY, VAUGHN 676 W PROSPECT RD FORT LAUDERDALE, FL 33309 <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
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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 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:  VAUGHN MURPHY		DATE 4/20/06 DAYTIME PHONE # 954 575 7469	