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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 REPURI							
DOCUMENT # P03000073689  1. Entity Name EXIM ANTIGUA, INC.				<b>4</b> 0089022			
Principal Plac	e of Business	Mailing Address		7			
676 W PROS	PECT RD	676 W PROSPECT RD		ì			
	ALE, FL 33309	FT LAUDERDALE, FL 333	109				
1					nn amiga (1111 fine) aniil 80H		
L							
2. Principal Place of Business 265 SOUTH FEDERAL HWY 265 SOUTH FED. HWY.						4 2041   <b>12727 1414 1</b> 53 <b>3</b> 3 (1610 1314634 16 17)	
	SOUTH FEDERALHWY	LEV. HMA.	_				
Suite, Apt. 355	#, etc.	Suite, Apt. #, etc.		04112006	Chg-P	CR2E034 (11/05)	
City & State	Δ	City & State		4. FEI Numi	hor	Applied For	r
DEFA	FIELD BEACH FL	リアドスドナトレ	O BEACH FI	1	39062	Not Applica	_
Zip	Country	Zip		-		CR 75 Additional	
133441	/ \U.S./7 \	33441	Country U.S.A	5. Certificat	e of Status Desired	Fee Required	
	6. Name and Address of Current R			7. Name an	d Address of New R	egistered Agent	
			Name A.	OVAC	MALL	-HAI	
MURPHY,			Sharet Valdace	X P T Y	/ / / / / C	7110	
1 .	676 W PROSPECT RD			O(1 T H	ber is Not Acceptable	HWY #355	i 1
1	RDALE, FL 33309		~6		1 -11		
			CITYNCEO	ETEIN	BEACH	FL 29394/	,
8. The above	named entity submits this statement for	the purpose of changing its re-	alstered office or regist	ered agent, or b	W/ F		ept
the obligat	ions of registered agent.		g		4		
4/20/01							
SIGNATURE.	Signature typed or printed name of registered agent an	d title il applicable. (NOTE: R	legistered Agent stanzium ingul	reg when retroatelizad)	a 0 / 0 0	DATE	
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	E NOW!!! FEE IS \$150.00 ay 1, 2006 Foo will be \$550.0	9. Election Campaign Trust Fund Contrib	n Financing \$ oution.	5.00 May Be ided to Fees			
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTORS IN 11	
TATLE	P	☐ Delete	TITLE			☐ Change ☐ Addi	ition
NAME	MURPHY, VAUGHN		NAME				
STREET ADDRESS	676 W PROSPECT RD		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	<del></del>			
TITLE		☐ Delete	TITLE			Change 🗀 Addi	ition
NAME			NAME				
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}			CITY-ST-ZIP	<u>_</u> _	<del> </del>		
TITLE		☐ Delete	TITLE			Change Addi	ition
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CITY-ST-ZIP			CHY-ST-ZIP				
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SINEE! ADDNESS	,		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-SI-ZIP				
TITLE		D Pulste	TITLE			☐ Change ☐ Addi	ilion
NAME		☐ Delete	NAME			E crange C Acci	itiOi1
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-S1-ZIP				
TITLE		☐ Delicie	TITLE		·	☐ Change ☐ Addi	ition
NAME			NAME			C 0.12140	n.e.
STREET ADDRESS	`		STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby	t certify that the information supplied with t	his liling does not qualify for t	he exemplions contain	ed in Chapter 1	19. Florida Statutes I	further certify that the informatio	
indicated	on this report or supplemental report is t	rue and accurate and that my	signature shall have th	e samo legal effi	ect as if made under c	oath; that I am an officer or direct	lor
of the corporation of 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.							
I		2_	هیمت بین	L.	120/11		
SIGNAT	URE: W	VAUGHA	1 MURPHY		1 2 0/ 06	954 575 146	9