2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 All Secretary of State DOCUMENT # P03000117733 1. Entity Name ANTONIO SANCLEMENT, INC. Principal Place of Business Mailing Address 5890 NE 22ND AVE 5890 NE 22ND AVE FT L:AUDERDALE, FL 33308 FT L:AUDERDALE, FL 33308 04012008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0003743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCLEMENT, ANTONIO DO NOT WRITE 5890 NE 22ND AVE FT L;AUDERDALE, FL 33308 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 registating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME SANCLEMANT, ANTONIO 5890 NE 22ND AVE STREET ADDRESS CITY-ST-ZIP FT L;AUDERDALE, FL 33308 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 72-43 SIGNATURE: INTER NAME OF SIGNING OFFICER OR DIRECTOR