

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90094 041 \*\*\*150.00

**DOCUMENT # P03000142628**

1. Entity Name

ANTORIL INTERNATIONAL CORPORATION



Principal Place of Business

901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

Mailing Address

901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

20050400



02042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0445560

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H  
901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

**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 Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ABRIL, ANTONIO  
STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 603  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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

4/11/05 (305)444-1741

Date

Daytime Phone #