

\$150

### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 13 AM 11:12

**DOCUMENT # P04000015987**

1. Entity Name  
ANTFAL, INC.



Principal Place of Business      Mailing Address

C/O THERREL BAISDEN PA      C/O THERREL BAISDEN PA  
ONE SE 3RD AVENUE SUITE 2400      ONE SE 3RD AVENUE SUITE 2400  
MIAMI, FL 33131      MIAMI, FL 33131

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number: **20-0677966**      Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ  
C/O THERREL BAISDEN PA  
ONE SE 3RD AVENUE SUITE 2400  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: **James Roger Falin**  
Street Address (P.O. Box Number is Not Acceptable):  
**411 N. New River DR #403**  
City: **FT LAUDERDALE**      FL      Zip Code: **33301**

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 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FALIN, ANTONETTE	
STREET ADDRESS	5701 COLLINS AVE APT 815	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALIN, JAMES ROGER	
STREET ADDRESS	5701 COLLINS AVE PENTHOUSE 14	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALIN, ANTONETTE	
STREET ADDRESS	316 VIRGINIA STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALIN, JAMES ROGER	
STREET ADDRESS	316 VIRGINIA STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200060223032	
CITY-ST-ZIP	10/04/05--01068--012 **676.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *J. Falin*      DIR.      JAMES R. FALIN      9/1/05      305-479-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date