

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2008 8:00 am**  
**Secretary of State**

08-22-2008 90001 021 \*\*\*150.00

<b>DOCUMENT # P04000015987</b>			
<b>1. Entity Name</b> ANTAL, INC.			
<b>Principal Place of Business</b> 411 N. NEW RIVER DRIVE EAST #403 FT. LAUDERDALE, FL 33301		<b>Mailing Address</b> 411 N. NEW RIVER DRIVE EAST 403 FORT LAUDERDALE, FL 33301	
<b>2. Principal Place of Business - No P.O. Box #</b> 411 N NEW RIVER DR E. Suite, Apt. #, etc. 402		<b>3. Mailing Address</b> 411 N. NEW RIVER DR E. Suite, Apt. #, etc. 402	
<b>City &amp; State</b> FT Lauderdale FL		<b>City &amp; State</b> FT Lauderdale FL	
<b>Zip</b> 33301		<b>Country</b> 33301	
<b>4. FEI Number</b> 20-0677966		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FALIN, JAMES ROGER 411 NORTH NEW RIVER DRIVE EAST # 402 FT LAUDERDALE, FL 33301		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALIN, ANTONETTE 411 N. NEW RIVER DR. E. #402 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALIN, JAMES ROGER 411 N. NEW RIVER DR. E. #403 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FALIN JAMES ROGER 411 N. NEW RIVER DR E. 402 FT LAUD FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> _____		Date: 8/22/08 Daytime Phone #: 954-678-1785	