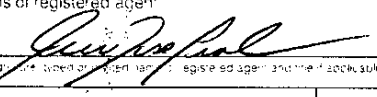
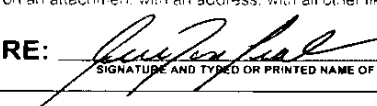


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90074 016 ***150.00

DOCUMENT # P04000050870 1. Entity Name ANTARES INVESTMENTS INC					
Principal Place of Business 4474 WESTON RD #95 DAVIE, FL 33331			Mailing Address 4474 WESTON RD #95 DAVIE, FL 33331		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEAL, CIRO J 4474 WESTON RD #95 DAVIE, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 05/02/07					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P PISANI, ALESSANDRO 4474 WESTON RD #95 DAVIE, FL 33331	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V ANSELM, ANNALISA 4474 WESTON RD #95 DAVIE, FL 33331	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S LEAL, CIRO J 4474 WESTON RD DAVIE, FL 33331	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete		☐ Change ☐ Addition	
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 or changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 05/02/07 954-802-1642					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					