

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000072963

1. Entity Name
ANTONIO'S CUSTOM TAILOR INC



Principal Place of Business
9704 CLINT MOORE RD
108
BOCA RATON, FL 33496 US

Mailing Address
9704 CLINT MOORE RD
108
BOCA RATON, FL 33496 US

FILED
Aug 21, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1098623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOPEZ, ANTONIO
8920 SADDLE CREEK DRIVE
BOCA RATON, FL 33496

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, ANTONIO 8920 SADDLE CREEK DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPERANZA ESCUDERO, LUISA 8920 SADDLE CREEK DRIVE BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000958092
08/21/08-80002-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-08

Date

Daytime Phone #

561-4518318
561-6999114