

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-16-2005 90037 030 ***150.00

DOCUMENT # P04000107105 1. Entity Name ANTINA INVESTMENTS III, INC.					
Principal Place of Business 3120 SW 118TH TERR DAVIE, FL 33330			Mailing Address 3120 SW 118TH TERR DAVIE, FL 33330		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1208637	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CIOETA, ANTONIO 3120 SW 118TH TERR DAVIE, FL 33330				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ (Signature, hand or printed name of registered agent and if applicable, (NOTE: Registered Agent signature required when reappointing)					
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 NAME STREET ADDRESS CITY- ST- ZIP	PD ☐ Delete CIOETA, ANTONIO 3120 SW 118TH TERR DAVIE, FL 33330				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
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: <u>Chastina Cioeta</u> - Chastina Cioeta <u>3/13/05</u> 954-577-0477 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chastina Phone #					

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