- 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 10, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam ANTONIC	ne	# P04000147 PA		03-29-2007 90033 042 ***150.00							
Principal Place of Business Mailing Address 1558 NW 159 AVENUE 1558 NW 159 AVENUE PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33028					us		$^{\circ}$ 88889 $^{\circ}$				
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Sulte, Apt. #, etc.			Suite, Apt. #, etc.		02262007	Chg-P	CR2E034	ŧ (12/06)			
City & State			City & State		4. FEI Number 20-1807965			Applied For Not Applicable			
Zip	Country		Zip Cou		ntry	5. Certificate of Status Desired		□ \$8.75 Additional Fee Required			
	8. Name	and Address of Current	Name	7. Name an	d Address of New R	tegistared Ag	ent				
JAMID, AN 1558 NW PEMBRON	159 AVEN	IUE , FL 33028	· ·		<u></u>	(P.O. Box Numb	er is Not Acceptable	s)			
					City	*		FL	Złp Cod	<u> </u>	
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. Typod or printed name of registered doors and othe # appropriate. (NOTE: Registered Agent adgressive agent and other adgressive and other addressive addressive and other addressive and other addressive and other addressive addressive and other addressive addressi										107	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	I P	OFFICERS AND	DIRECTORS Delete	11.	,	ADDITIONS	CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	JAMID, A 1558 NW	NTONIO 159 AVENUE IKE PINES, FL 33028	ட ರಣಕಚ	NAM STRE				L	Change	☐ Addition	
TILE			☐ Delete	πu	£ .				Change	Addition	
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12. Thereby certify that the information supplied with this filling 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 received 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: ON 1978-663											
I SIGNAT	URE: /		NI		(ソ:	11711	<i>J </i> 7	ひコノン	1/0		