


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

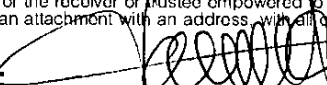
FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90200 047 ***150.00

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|---|---|---|---|
| DOCUMENT # P05000017251 | |  | |
| 1. Entity Name ANTIQUES VERTIGE, INC. | | | |
| Principal Place of Business 4784 SW 72ND AVENUE MIAMI FL 33155 | | Mailing Address 4784 SW 72ND AVENUE MIAMI FL 33155 | |
| 2. Principal Place of Business - No P.O. Box # 4752 SW 72ND Avenue | | 3. Mailing Address 4752 SW 72ND Avenue | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI FL | | City & State MIAMI FL | |
| Zip 33155 | Country | Zip 33155 | Country |
| 6. Name and Address of Current Registered Agent MERKIN, STEWART A ESQ. 444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DANAN, MICHEL 4784 SW 72ND AVENUE MIAMI FL 33155 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #