

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2006 8:00 am
Secretary of State

02-06-2006 90082 009 ***150.00

DOCUMENT # P05000051921 1. Entity Name 20TH CENTURY ANTIQUES, CORP.																											
Principal Place of Business 1433 OBISPO AVE CORAL GABLES FL 33134		Mailing Address 1433 OBISPO AVE CORAL GABLES FL 33134																									
2. Principal Place of Business 1433 OBISPO AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1433 OBISPO AVE <small>Suite, Apt. #, etc.</small>																									
City & State CORAL GABLES		City & State CORAL GABLES																									
Zip 33134	Country -	Zip 33134	Country FLA																								
4. FEI Number N/A		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ELIZONDO, RAUL 1433 OBISPO AVE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name ELIZONDO, RAUL Street Address (P.O. Box Number is Not Acceptable) 1433 OBISPO AVE City CORAL GABLES FL Zip Code 33134																									
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 <u><i>Raul Elizondo</i></u> (NOTE: Registered Agent signature required when removing) DATE _____																											
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELIZONDO, RAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1433 OBISPO AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL GABLES FL 33134</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	ELIZONDO, RAUL		STREET ADDRESS	1433 OBISPO AVE		CITY - ST - ZIP	CORAL GABLES FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ELIZONDO, RAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1433 OBISPO AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL GABLES 33134</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ELIZONDO, RAUL		STREET ADDRESS	1433 OBISPO AVE		CITY - ST - ZIP	CORAL GABLES 33134	
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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: <u><i>Raul Elizondo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>July 25/06</i></u> <small>Date</small>																									