

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026087

Entity Name: "ANTROLI CORP"

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

3932 HYPOLUXO RD  
BOYNTON BEACH, FL 33436

## New Principal Place of Business:

## Current Mailing Address:

6176 BOX LEAF PL  
LAKE WORTH, FL 33467

## New Mailing Address:

6176 BOXLEAF PLACE  
LAKE WORTH, FL 33467

FEI Number: 20-4356372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DESAI, KAUSHAL  
6176 BOX LEAF PLACE  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DESAI, PRITIBEN  
Address: 6176 BOX LEAF PLACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete  
Name: DESAI, NIKHIDEV  
Address: 6176 BOX LEAF PL  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRITIBEN DESAI

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date