2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P08000096104

Entity Name: ANTARES PROPERTIES, INC

Current Principal Place of Business:

500 NW 101 AVENUE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

717 SHOTGUN RD
SUNRISE, FL 33326

Current Mailing Address:

500 NW 101 AVENUE
CORAL SPRINGS, FL 33071

New Mailing Address:

717 SHOTGUN RD
SUNRISE, FL 33326

FEI Number: 26-3604332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAVEL, FRANSISCO
500 NW 101 AVENUE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

CLAVEL, FRANCISCO
500 NW 101 AVENUE
CORAL SPRINGS, FL 33071 US

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: FRANCISCO CLAVEL 01/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLAVEL, FRANSISCO
Address: 500 NW 101 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete
Name: PESTANA, IVANOE
Address: 500 NW 101 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S ( ) Delete
Name: CLAVEL, OSCAR
Address: 11721 W ATLANTIC BLVD.,UN 734
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CLAVEL, FRANCISCO
Address: 500 NW 101 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

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: OSCAR CLAVEL S 01/12/2009
Electronic Signature of Signing Officer or Director Date