

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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12 AUG -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P11000069621*

1. Entity Name

SEN ANTIQUE ENTERPRISES INC



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2. Principal Place of Business - No P.O. Box #

540 FANSHAW M

3. Mailing Address

540 FANSHAW M

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (5/07)

City, State

BOCA RATON FL

City, State

BOCA RATON FL

4. FEI Number

80-0747133

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUSAN NANKIN

Street Address (P.O. Box Number is Not Acceptable)

540 FANSHAW M

City

BOCA RATON

FL

Zip

33434

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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

SUSAN NANKIN

7/27/12

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>
NAME	<i>SUSAN NANKIN</i>
STREET ADDRESS	<i>540 FANSHAW M</i>
CITY-STATE-ZIP	<i>BOCA RATON FL 33434</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

900238202459
08/06/12--01010--001 **150.00

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AUG - 6 2012

S. PRATHER

12. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Nankin

Susan Nankin

7/27/12

561-702-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #