2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

P92000007723

1. Entity Name
ANTEMA CORPORATION

Principal Place of Business	Mailing Address
1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134 US	1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134 US

03062008

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0381331

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

QUESADA, G F
1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

000000956622
03/28/08-80019-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JUELLE, TERESA
STREET ADDRESS	1313 PONCE DE LEON BLVD, SUITE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	JUELLE, SUSAN
STREET ADDRESS	1313 PONCE DE LEON BLVD., STE. 200
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	T
NAME	JUELLE, JOSE A
STREET ADDRESS	1313 PONCE DE LEON BLVD., STE. 200
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #