


FROM : CASTILLO & ASSOCIATES INC.

PHONE NO. : 3056493403

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90655 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000088099			
1. Entity Name ANTILLANA COMMUNICATION, INC.			
Principal Place of Business 685 MILLER DR SUITE 404E MIAMI SPRINGS, FL 33166		Mailing Address 685 MILLER DR SUITE 404E MIAMI SPRINGS, FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RIVERO, VICTORIA 685 MILLER DR SUITE 404E MIAMI SPRINGS, FL 33166		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
FL		FL	
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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, LAZARO	NAME	
STREET ADDRESS	685 MILLER DR SUITE 404E	STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPRINGS, FL 33166	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAKHVERDIEVA, NURLANA	NAME	
STREET ADDRESS	685 MILLER DR	STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPRINGS, FL 33166	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, VICTORIA	NAME	
STREET ADDRESS	685 MILLER DRIVE SUITE 404 E	STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPRINGS, FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 or other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 2/23/04 (3ar) 887-7450	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Tesovera</i>		Date	

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04232004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0597812** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required