


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000088099

1. Entity Name
ANTILLANA COMMUNICATION, INC.



Principal Place of Business Mailing Address

685 MILLER DR SUITE 404E **685 MILLER DR SUITE 404E**
MIAMI SPRINGS, FL 33166 **MIAMI SPRINGS, FL 33166**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0597812 Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERO, VICTORIA
685 MILLER DR SUITE 404E
MIAMI SPRINGS, FL 33166

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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 May Be Added to Fees**

U000000790944
 01/23/08-80054-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANCHEZ, LAZARO
STREET ADDRESS	685 MILLER DR SUITE 404E
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	D
NAME	ALLAKHVERDIEVA, NURLANA
STREET ADDRESS	685 MILLER DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	D
NAME	RIVERO, VICTORIA
STREET ADDRESS	685 MILLER DRIVE SUITE 404 E
CITY-ST-ZIP	MIAMI SPRINGS, FL
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: _____ *15 January 2008* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #