

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088099

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ANTILLANA COMMUNICATION, INC.

## Current Principal Place of Business:

685 MILLER DR SUITE 404E  
MIAMI SPRINGS, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

685 MILLER DR SUITE 404E  
MIAMI SPRINGS, FL 33166

## New Mailing Address:

FEI Number: 65-0597812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SANCHEZ, LAZARO  
Address: 685 MILLER DR SUITE 404E  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete  
Name: ALLAKHVERDIEVA, NURLANA  
Address: 685 MILLER DR  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete  
Name: RIVERO, VICTORIA  
Address: 685 MILLER DRIVE SUITE 404 E  
City-St-Zip: MIAMI SPRINGS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAZARO SANCHEZ

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date