

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000012129

1. Entity Name
ANTIGUA ENTERPRISES OF AMERICA, INC.



Principal Place of Business
**10200 S.W. 168TH ST.
MIAMI, FL 33157**

Mailing Address
**10200 S.W. 168TH ST.
MIAMI, FL 33157**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0558756

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**A BERNARD FINANCIAL SERVICES
9032 SW 152ND STREET
MIAMI, FL 33157**

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 reinstating)

DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GORE, WISCOUNSON
STREET ADDRESS 10200 S.W. 168TH ST.
CITY-ST-ZIP MIAMI, FL 33157

TITLE VD
NAME GORE, MARILYN
STREET ADDRESS 10200 S.W. 168TH ST.
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

00000033031
05/28/08-80011-005 150.00

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: _____

Wiscounson J. Gore **WISCOUNSON J. GORE** 04-28-08 35-431-4368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #