

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90191 046 \*\*\*150.00

**DOCUMENT # P95000038234**

1. Entity Name

ANTIGA & COMPANY, INC.



Principal Place of Business

5420 PIONEER PARK  
D  
TAMPA FL 33634  
US

Mailing Address

P O BOX 260277  
TAMPA FL 33685  
US

14006505



MOORE CR2E034 (11/03)

2. Principal Place of Business

5410 PIONEER PARK

3. Mailing Address

Suite, Apt. #, etc.  
SUITE D

City & State

TAMPA, FL

City & State

4. FEI Number

59-3318304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLA, MATIAS  
5420 PIONEER PARK  
STE D  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name NEW ADDRESS SAME R. NGEN  
Street Address (P.O. Box Number is Not Acceptable)  
5410 PIONEER PARK SUITE D  
City TAMPA FL Zip Code 33634

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

MARTIAS MILLA

04/20/04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MILLA, MATIAS  
STREET ADDRESS 5420 PIONEER PARK  
CITY-ST-ZIP TAMPA FL 33634

TITLE VP ☐ Delete  
NAME FERLITA, MADLEIN M  
STREET ADDRESS 5420 PIONEER PARK STE D  
CITY-ST-ZIP TAMPA FL 33634

TITLE STD ☐ Delete  
NAME MILLA, MATILDE Z  
STREET ADDRESS 5420 PIONEER PARK STE D  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5410 PIONEER PARK SUITE D  
CITY-ST-ZIP TAMPA, FL, 33634

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5410 PIONEER PARK SUITE D  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

MARTIAS MILLA 04/20/04 815-240-4178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #