

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90231 050 ***150.00

DOCUMENT # P95000038234					
1. Entity Name ANTIGA & COMPANY, INC.					
Principal Place of Business 5410 PIONEER TAMPA, FL 33634 US			Mailing Address P O BOX 260277 TAMPA, FL 33685 US		
2. Principal Place of Business 5103 W. KNOX ST Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 262814 Suite, Apt. #, etc. TAMPA, FL			
City & State TAMPA, FL		City & State TAMPA, FL		04192006 Chg-P CR2E034 (11/05)	
Zip 33634		Country USA		4. FEI Number 59-3318304	
Zip 33685		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLA, MATIAS 5410 PIONEER PARK BLVD. STE D TAMPA, FL 33634			7. Name and Address of New Registered Agent Name: MILLA, MATIAS Street Address (P.O. Box Number is Not Acceptable): 5103 W. KNOX ST City: TAMPA, FL Zip Code: 33685		
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: 4/26/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MILLA, MATIAS STREET ADDRESS 5410 PIONEER PARK SUITE D CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE PD NAME MILLA, MATIAS STREET ADDRESS 5103 W. KNOX ST. CITY-ST-ZIP TAMPA, FL, 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FERLITA, MADLEIN M STREET ADDRESS 5410 PIONEER PARK SUITE D CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE VP NAME FERLITA, MADLEIN M. STREET ADDRESS 5103 W. KNOX ST CITY-ST-ZIP TAMPA, FL, 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME MILLA, MATILDE Z STREET ADDRESS 5410 PIONEER PARK SUITE D CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE STD NAME MILLA, MATILDE Z STREET ADDRESS 5103 W. KNOX ST CITY-ST-ZIP TAMPA, FL, 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/26/06 813-240-4178		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		