2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000080720

1. Entity Name

ANTARCTICA CHARTER CORP.



Principal Place of Business

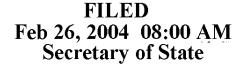
2101 WEST COMMERCIAL BLVD.

SUITE 4100 FT LAUDERDALE, FL 33309 Mailing Address

2101 WEST COMMERCIAL BLVD.

SUITE 4100

FT LAUDERDALE, FL 33309





DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0802104 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT'S ESQ. 2101 WEST COMMERCIAL BLVD. SUITE 4100 FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

| | | - | | | |
|---|--|--|-------------------------------|--------------------------------|--|
| 8. The above the obligat | named entity submits this statement for the plions of registered agent. | ourgose of changing its registere | d office or r | egistered agent, or bo | th, In the State of Florida. I am familiar with, and accept |
| 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, 2004 Fee will be \$550.00 | | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | U00000066531 02/26/04-80020-004 150.00 |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT PS HERZOG, BRIGITTE C 341 N BIRCH RD APT 411 FT LAUDERDALE, FL 33304 | CTORS | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE Name Street address City - St-Zip | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE Name Street address City-St-Zip | | | | | |
| 12. hereby c | certify that the information supplied with this fil | ling does not qualify for the exen | nption stated | in Section 119.07(3)(| i), Florida Statutes. I further certify that the information |

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 cath; 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

BILLY SUIGHTE HERZOG
SIGNATURE AND TYPED PH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04

954-763 1180

Daytime Phone #