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ANNUAL REPORT

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Feb 13, 2007 8:00 am
Secretary of State
02-13-2007 90005 050 ***150.00

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1. Entity Name
ANTIBEES INTERNATIONAL, INC.

Principal Place of Business
WILLIAM H ALBORNOZ, P.A.
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134 US

Mailing Address
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0929816
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H P.A.
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BIERLEIN, MICHAEL
STREET ADDRESS	901 PONCE DE LEON BLVD STE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	DE BIERLEIN, ELIZABETH
STREET ADDRESS	901 PONCE DE LEON BLVD STE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
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	

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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: Michael Bierlein 01/29/2007 (305) 444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #