

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000102946

1. Entity Name
ANTINA INVESTMENTS, INC.



Principal Place of Business

**3120 SW 118TH TERRACE
DAVIE, FL 33330**

Mailing Address

**3120 SW 118TH TERRACE
DAVIE, FL 33330**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0881695** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**CIOETA, ANTONIO
3120 SW 118TH TERRACE
FORT LAUDERDALE, FL 33330**

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IN THIS SPACE**

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 must be printed in full capital letters mandatorily (last name, first name, middle initial if applicable).

Printed name of registered agent must be printed in full capital letters.

1100000418729

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

02/14/06-80019-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIOETA, ANTONIO
STREET ADDRESS	3120 SW 118TH TERRACE
CITY ST ZIP	DAVIE, FL 33330
TITLE	D
NAME	CIOETA, CHRISTINA
STREET ADDRESS	3120 SW 118TH TERRACE
CITY ST ZIP	FORT LAUDERDALE, FL 33330
TITLE	D
NAME	WHITE, CAROLYN
STREET ADDRESS	3120 SW 118TH TERRACE
CITY ST ZIP	FORT LAUDERDALE, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn White / **CAROLYN WHITE** 2/1/06 954-577-0477