

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90033 026 ***163.75

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DOCUMENT # P99000068076 1. Entity Name ATHEMISE INTERNATIONAL INC.					
Principal Place of Business 20030 N.E. 21 AVE. MIAMI, FL 33142			Mailing Address 11631 NW 7 AVENUE A MIAMI, FL 33168		
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 65-0938216	
Zip 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCOIS, EBERLE 20030 N.E. 21ST AVE. MIAMI, FL 33142				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Francis EBERLE FRANCOIS</i></u> 07-30-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JEAN, ANTONIDE 846 NE 89 STREET MIAMI, FL 33138	<input checked="" 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	VD LOUIS-CHARLES, ADANCY 16851 NE 4 AVE N MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBLIN FRANCOIS 20030 NE 21 ST AVE MIAMI, FLORIDA 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANTOINE, YOLETTE 3537 SW 175 AVE MIRAMAR, FL 33029	<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	MD ALCIME, MARIO 20550 NE 8 CT MIAMI, FL 33179	<input checked="" 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	MD MORISMA, DANIEL 1305 NE 203 STREET MIAMI, FL 3369	<input checked="" 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	MD FRANCOIS, EBERLE 20030NE 21 AVE MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANCOIS, EBERLE 20030 NE 21 AVE MIAMI, FLORIDA 33142 <input checked="" 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: <u><i>Francis EBERLE FRANCOIS</i></u> 07-30-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					