

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000092751

1. Entity Name
ASIAN ANTIQUITIES, INC.



Principal Place of Business
**26600 SW 182 AVE.
HOMESTEAD, FL 33031**

Mailing Address
**P O BOX 1569
HOMESTEAD, FL 33090**

DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0963710** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SACHER, CHARLES P
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES, FL 33134**

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HUMBLE, JAMES S
26600 SW 182ND AVENUE
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
IRELAND, PATRICIA A
26600 SW 182ND AVENUE
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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000000329500
04/25/05-80123-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

4/22/05

Date

3052451089

Daytime Phone #