


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#150

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY -6 AM 8:00

DOCUMENT # P99000103660

1. Entity Name  
ANTIHUALA CORP.



Principal Place of Business  
C/O RAFAEL SANCHEZ-ABALLI, ESQ.  
1101 BRICKELL AVE., STE. 1400  
MIAMI, FL 33131

Mailing Address  
C/O RAFAEL SANCHEZ-ABALLI, ESQ.  
1101 BRICKELL AVE., STE. 1400  
MIAMI, FL 33131

2. Principal Place of Business  
1401 BRICKELL AVE.  
Suite, Apt. #, etc.  
STE. 825  
City & State  
Miami, Florida  
Zip  
33131  
Country  
USA

3. Mailing Address  
1401 BRICKELL AVE.  
Suite, Apt. #, etc.  
STE. 825  
City & State  
Miami, Florida  
Zip  
33131  
Country  
USA

01142004 Chg-P CR2E034 (10/03) MRS

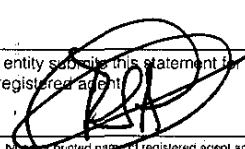
4. FEI Number  
65-0964909  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SANCHEZ-ABALLI, RAFAEL ESQ  
1101 BRICKELL AVE., STE. 1400  
MIAMI, FL 33131

7. Name and Address of New Registered Agent  
Name  
SANCHEZ-ABALLI, RAFAEL  
Street Address (P.O. Box Number is Not Acceptable)  
1401 BRICKELL AVE., STE. 825  
City  
Miami FL Zip Code  
33131

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 4/29/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

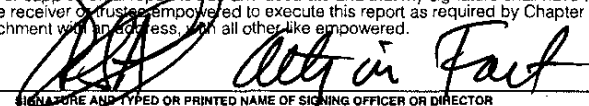
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS VALENZUELA LARRANAGA, PATRICIO 1101 BRICKELL AVE., STE. 1400 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS VALENZUELA LARRANAGA, PATRICIO 1401 BRICKELL AVE., STE. 825, Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800036075718 05/11/04--01100--001 **4100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 4/29/04 (305) 373-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR