


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103660		
1. Entity Name ANTIHUALA CORP.		

Principal Place of Business 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131
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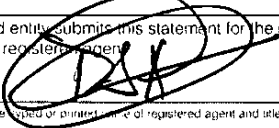
2. Principal Place of Business 445 GERONA AVE Suite, Apt. #, etc.	3. Mailing Address 445 GERONA AVE Suite, Apt. #, etc.
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City & State CORAL GABLES FL Zip 33146	Country	City & State CORAL GABLES FL Zip 33146	Country
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6. Name and Address of Current Registered Agent TTK SERVICE LLC 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131	
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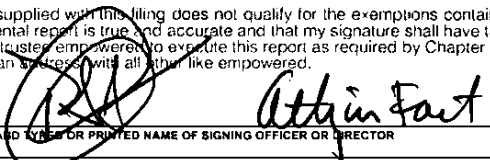
04282006	Chg-P	CR2E034 (11/05)
4. FEI Number 65-0964909	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name RAFAEL J. SANCHEZ-ABALLI, P.A. Street Address (P.O. Box Number is Not Acceptable) 445 GERONA AVENUE City CORAL GABLES FL Zip 33146	
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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 	PASSIDENT 4.26.06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PDS VALENZUELA LARRANAGA, PATRICIO 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	445 GERONA AVE CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	900075471869 05/30/06--01004--025 **2225.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	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 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: 	4.26.06 305.779.5041