2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 8:00 am Secretary of State

DOCU 1. Entity Nam ANTOINE						03-02-2003	5 90091 022 *	**150.00
Principal Place of Business Mailing Address 7401 GULF BLVD. 7401 GULF BLVD. ST. PETERSBURG BEACH, FL 33706 ST. PETERSBURG BEACH,			CH, FL 3	3706		ANTEN 11170 11113 11031 113	50021	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02222005	Chg-P	CR2E034 (10	/03)
City & State		City & State		4. FEI Numbe 59-309			Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional equired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	egistered Agent_	
PEDAGGI, BEVERYLY 4939-22ND AVE NO. SAINT PETERSBURG, FL 33710				Name Street Add	ress (P.O. Box Number is Not Acceptable)			
				City			FL Zip	Code
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 hood or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature inquired when reinstating) DATE D								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution Added to Fees								
10.5	OFFICERS AND	DIRECTORS (기타니다	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11% U
NAME STREET ADDRESS CITY-ST-ZIP	PEDAGGI, BEVERLY 4939-22ND AVE NO. SAINT PETERSBURG, FL 3371	☐ Delete	1	E ET ADDRESS -ST-ZIP	OWNER BEVERLY PI 7300 SUN S.Pasadea	EDAGGI Island I JA FLA	Dr #806 33707	•
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CITY-ST-ZIP TITLE		☐ Delete	TITLE	-ST-ZIP			☐ Cha	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP		·		E ET ADDRESS - ST-ZIP				
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STREET ADDRESS! CITY-ST-ZIP	The Control of the Co	i ins.		et address . -St-Zip	Adnes to Fig.			
12." I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:07(3)(1). 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 call; 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 Statules; 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:

| Comparison of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if the receiver of the receiver of