


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 173095

1. Entity Name
AMY-LEE, INC.



Principal Place of Business Mailing Address

7483 DADELAND MALL **2670 NE 215 ST.**
MIAMI FL 33156 **MIAMI FL 33180**
US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-0747423				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
HECHT, LAWRENCE 7483 DADELAND MALL MIAMI FL 33156		Name		
		Street Address (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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HECHT, LAWRENCE			NAME			
STREET ADDRESS	7483 DADELAND MALL			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONNER, WILLIAM I			NAME			
STREET ADDRESS	2670 NE 215 ST.			STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONNER, AMY			NAME			
STREET ADDRESS	7483 DADELAND MALL			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **VP** **04/12/2005** **305-955-0130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #