


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90069 043 ***550.00

DOCUMENT # 410078

1. Entity Name
A.M.F.A.K. INC.



Principal Place of Business
**3160 S.W. 22 STREET
MIAMI FL 33145**

Mailing Address
~~3160 S.W. 22 STREET~~
MIAMI FL 33145



2. Principal Place of Business

3. Mailing Address
10930 NW 15 Street

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1426484**

Applied For
 Not Applicable

Zip **33026** Country

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

6. Name and Address of Current Registered Agent

CARON, EDWARD J
~~3160 S.W. 22 STREET~~
~~MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name **Edward J. Caron**
Street Address (P.O. Box Number is Not Acceptable)
10930 NW 15 Street
City **Pembroke Pines** FL **33026**

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CARON, EDWARD	
STREET ADDRESS	3160 S.W. 22 STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	Francis Hart Caron	<input type="checkbox"/> Delete
NAME	FRANCIS HART CARON	
STREET ADDRESS	3160 SW 22 STREET	
CITY-ST-ZIP	MIAMI, FLA 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **6-25-03**

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

CR2E034 (10/02)