

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N04000005715 1. Entity Name AMV FOUNDATION, INC.	
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Principal Place of Business 2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134 US	Mailing Address 2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134 US
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01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3793196	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART AGENT SERVICES 2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

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.

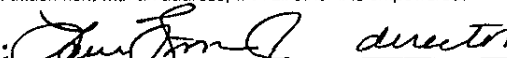
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINSON, JR., LOUIS 3860 STEWART AVE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEPLES, L. GRANT 155 OCEAN LANE, APT. 1101 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, STEPHEN V P. O. BOX 578 CAMDEN, ME 048430578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRADA DE HELLMUND, SYLVIA HELENA 430 GRAND BAY DRIVE APT. 1207 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRADA DE WALLIS, ANA LUISA 445 GRAND BAY DRIVE, APT. 801 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000305064 05/01/08-80037-017 138.75 DO NOT WRITE IN THIS SPACE

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 617, 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:  director	1-29-08	305-444-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #