


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90047 040 ***150.00

DOCUMENT # P0000020621

1. Entity Name
AMENA INTL. CORP.



Principal Place of Business
**800 S. WOODLAND BLVD.
 DELAND FL 32720**

Mailing Address
**332 S WOODLAND BLVD APT B
 DELAND FL 32720**

10000901



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
719 MALTBY DR
 Suite, Apt. #, etc.

City & State
DELTONA FL

City & State
DELTONA FL

Zip
F132738

Country
VOLUSIA

4. FEI Number **59-3637085**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RAHMAN, NURER
332 S WOODLAND BLVD APT B
DELAND FL 32720

7. Name and Address of New Registered Agent
 Name **NURER RAHMAN**
 Street Address (P.O. Box Number is Not Acceptable)
719 MALTBY DR
 City **DELTONA** FL **FL** Zip Code **32738**

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 *Nurer Rahman* (NOTE: Registered Agent signature required when reinstating) DATE **1-25-05**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JANNATUL, MARJINA 332 S WOODLAND BLVD DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M IMAMUDDINN, MOHAMMAD 332 S WOODLAND BLVD DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 719 MALTBY DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	719 MALTBY DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELTONA FL 32738
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nurer Rahman* DATE: **1-25-05** DAYTIME PHONE #: **386-740-1469**