

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000056152



1. Entity Name
AMIGO'S PLACE INC.

Principal Place of Business
**518 N. OBT
 ORLANDO, FL 32805**

Mailing Address
**5428 LIDO ST
 ORLANDO, FL 32807**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3725371

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**SANZ, MARY F
 5428 LIDO ST
 ORLANDO, FL 32807**

**DO NOT WRITE
 IN THIS SPACE**

9. 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, typed or printed name of registered agent and title if applicable.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

OFFICERS AND DIRECTORS

10.	
TITLE	PD
NAME	SANZ, MARY F
STREET ADDRESS	5428 LIDO ST
CITY - ST - ZIP	ORLANDO, FL 32807
TITLE	VTD
NAME	KIES, ELIZABETH
STREET ADDRESS	5428 LIDO ST
CITY - ST - ZIP	ORLANDO, FL 32807
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
 IN THIS SPACE**

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 indicate 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; the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary F. Sanz* - **MARY F. SANZ**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/4/05