


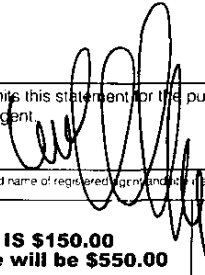
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90268 030 ***150.00

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DOCUMENT # P03000033592			
1. Entity Name AMATO CANIZALEZ PRODUCTION INC.			
Principal Place of Business 900 W 49 ST STE 524 HIALEAH, FL 33012		Mailing Address 900 W 49 ST STE 524 HIALEAH, FL 33012	
2. Principal Place of Business 50 NE 39 ST Suite, Apt. #, etc.		3. Mailing Address 7105 SW 8 ST Suite, Apt. #, etc. 306	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33137		Country	
Zip 33144		Country	
4. FEI Number 76-0728498		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 MASSAD, JENNY 900 W 49 ST STE 524 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: ANTONIO AMATO Street Address (P.O. Box Number is Not Acceptable): 50 NE 39 STREET City: MIAMI FL Zip Code: 33137	
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: 		ANTONIO AMATO 4/20/06 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATO, ANTONIO 900 W 49 ST STE 524 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 NE 39 STREET MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANIZALEZ, ENRIQUE 900 W 49 ST STE 524 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 NE 39 STREET MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATO, ROSA 900 W 49 ST STE 524 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 NE 39 STREET MIAMI FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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: ANTONIO AMATO		04-20-06 3052263443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	