


**2007 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90049 009 ***150.00

DOCUMENT # P03000080318

1. Entity Name
AMAPOLA, CORP.



Principal Place of Business
**255 E FLAGLER ST STE 99
MIAMI, FL 33131**

Mailing Address
**255 E FLAGLER ST STE 99
MIAMI, FL 33131**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
55-0870892

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**ALVAREZ, ROMAN
255 E FLAGLER ST STE 99
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	ALVAREZ, ROMAN	
STREET ADDRESS	255 E FLAGLER ST STE 99	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUQUE, NICOLAS	
STREET ADDRESS	255 E FLAGLER STREET SUITE 99	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARANGO, GILDA	
STREET ADDRESS	255 E FLAGER STREET SUITE 99	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, SANTIAGO	
STREET ADDRESS	255 E FLAGLER STREET SUITE 99	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, ALEJANDRA	
STREET ADDRESS	255 E FLAGLER STREET SUITE 99	
CITY-ST-ZIP	MIAMI, FL 33131	
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____