


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000074329**  
 1. Entry Name  
**AMAAS CORPORATION**



Principal Place of Business      Mailing Address  
 1308 ALICIA AVENUE      1308 ALICIA AVENUE  
 TAMPA, FL 33604 US      TAMPA, FL 33604 US

**DO NOT WRITE IN THIS SPACE**



03122007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-2886724</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

8. Name and Address of Current Registered Agent  
 SOTOLONGO, MANUEL E  
 1308 ALICIA AVENUE  
 TAMPA, FL 33604

**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 \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	PRES SOTOLONGO, MANUEL E 1308 ALICIA AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOTOLONGO, ANGELA M 1308 ALICIA AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/30/07-80013-002 158.75

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 *Angela M. Sotolongo*      4/16/07      83679-0005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #