## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 07, 2008 8:00 am Secretary of State DOCUMENT # P93000012300 05-07-2008 90114 006 \*\*\*150.00 1. Entity Name AMB ENTERPRISES, INC. Principal Place of Business Mailing Address MARC H. AUERBACH MARC H. AUERBACH -201-S: BISCAYNE BLVD STE-2000 201 S. BISCAYNE BLVD STE 2000 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address .00 S.B. CR2E034 (12/06) 02122008 Cha-F Suite City & State 4. FEI Number Applied For City & State 65-0387834 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AVERBACH, MARC H Street Address (P.O. Box Number is Not Acceptable) 201-S BISCAYNE BLVD Biscayne MIAMI, FL 33131 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DEST TITLE ☐ Delete TITLE Addition BUBNOW, VICTOR NAME NAME 105 CURLEW RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANALAPAN, FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jer (ÁBA V 10 Jimbilio 12. I hereby certify that the information supplied with this filling 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 employered 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 attachpient with an address, with all other like empowered.