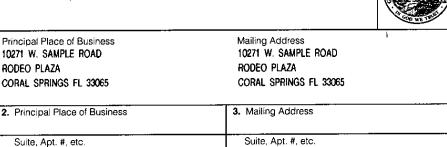
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000043023

1. Entity Name

AMY & KIM, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90156 034 ***150.00

						GO WE THE						
Principal Place of Business 10271 W. SAMPLE ROAD RODEO PLAZA CORAL SPRINGS FL 33065			10271 RODE	Mailing Address 10271 W. SAMPLE ROAD RODEO PLAZA CORAL SPRINGS FL 33065								
2. Principal P	Place of Busin	ness	3. Mail	3. Mailing Address					OOR OOR III	18 11111 18 110 1	1 688 4884 CBB4	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	4. FEI Number 65-0496451		Applied For Not Applicable		7
Zip Country			Zip		Coun	try	5. Certificate of Status Desire				8.75 Additional ee Required	
	6. Name	and Address of Cur	rent Registere	Registered Agent			7. Name and Address of New Registered Agent					
- , - ··			. - 5			Name -	ن عد -	یه د آسیر سی:	مه ده شد	÷ ,	•	ļ
PISANI, AI	my Sample ri)		Street A			ess (P.O. Box Number is Not Acceptable)					
	PRINGS FL											
						City				FL Zip Code		
the obligat	named entit tions of regis		ent for the purp	ose of changing its	registere	ed office or regist	tered ag	ent, or both, in the State of Flor	ida. I am fa	ımiliar with,	and accept	
SIGNATURE,	Signature, typec	or printed name of registered	agent and title if app	icable. (NOT	E: Registere	d Agent signature requi	ired when re	instating)	DATE			1
Afte	r May 1, 20	t! FEE IS \$150.00 03 Fee will be \$550 o Florida Departme	0.00	State			·	Election Campaign Fina Trust Fund Contribution	. 🗆	Added	O-May Be d to Fees	
10.		OFFICERS /	AND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND			ا (
TITLE Name Street address City-St-Zip	P PISANI, AI 7980 NW TAMARAC	89TH AVE		☐ Delete						☐ Change	Addition	0,07,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ī.		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		l l			Terreto La	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Delete		I				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete						☐ Change	Addition	
12. I hereby of indicated of the core	certify that the control on this reportion or the control or the control on the c	e information supplied rt or supplemental reg he receiver or trustee	d with this filing port is true and empowered to	does not qualify for accurate and that	or the exe	motion stated in	Section ne same 307, Flori	119.07(3)(i), Florida Statutes. I legal effect as if made under o da Statutes; and that my name	further cert ath; that I a appears in	ify that the iman officer Block 10 o	nformation or director r Block 11 if	$\left \right $

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amy Pisani 2/27/13 75