

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084904

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ANTONIO L. AMADOR, CPA, PA

**Current Principal Place of Business:**

9495 SW 72ND ST  
STE 230  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9495 SW 72ND ST  
STE 230  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0785369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMADOR, ANTONIO L  
9495 SW 72ND ST  
SUITE 230  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMADOR, ANTONIO L  
Address: 10220 SW 133 COURT  
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete  
Name: AMADOR, EDUARDO M  
Address: 2205 SKYLAND DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD ( ) Delete  
Name: AMADOR, OLGA  
Address: 10220 SW 133 COURT  
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete  
Name: AMADOR, MICHAEL A  
Address: 10220 SW 133 COURT  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: AMADOR, AIMEE L  
Address: 10220 SW 133 COURT  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: AMADOR, EDUARDO M  
Address: 10220 SW 133 COURT  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO L. AMADOR

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date