


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000099193  
 1. Entity Name  
 AMAZON EXOTIC HARDWOODS, INC.



Principal Place of Business      Mailing Address  
 328 COMMERCIAL ST      328 COMMERCIAL ST  
 CASSELBERRY, FL 32707 US      CASSELBERRY, FL 32707 US

**DO NOT WRITE IN THIS SPACE**



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3611996      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LIE-TJAUW, JAMES E  
 328 COMMERCIAL ST  
 CASSELBERRY, FL 32707-3207

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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 *J. Lie Trau*      04-13-2006  
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, 2006 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	PSDT LIE-TJAUW, JAMES E 328 COMMERCIAL ST CASSELBERRY, FL 327073207
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 05/01/06-80003-024 150.00

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 an attachment with an address, with all other like empowered.

SIGNATURE: *James Lie Trau*      04-14-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #