


FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90005 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000154996			
1. Entity Name AMIA CORPORATION			
Principal Place of Business 2127 BRICKELL AVE STE 1405 MIAMI, FL 33129		Mailing Address 2127 BRICKELL AVE STE 1405 MIAMI, FL 33129	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 2502	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DE YURRE, VICTOR H 550 BRICKELL AVE STE #501 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, MIGUEL V <input type="checkbox"/> Delete 2127 BRICKELL AVE STE 1405 MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANGIE, MARIA G <input type="checkbox"/> Delete 2127 BRICKELL AVE STE 1405 MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 17 Sept 2004 (305) 656-5987 Daytime Phone #	

24085575



08162004 Chg-P CR2E034 (10/03)

4. FEI Number **76-0764835** Applied For Not Applicable

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

Attachment
Doc # 03000154996

AMIA CORPORATION
2127 BRICKELL AVE UNIT 2502
MIAMI, FL 33129
(305) 856.5987

24085575

August 16, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee FL 32302-1500

Dear Division of Corporations Representative:

Please be advised that I did not receive the initial annual report filing notice. Had I received the correspondence I would have filed and paid the annual report on a timely basis. My accountant has advised me that it was sent as a postcard.

Enclosed please find my check in the amount of \$150.00

Under the penalties of perjury, I declare that the facts presented in my letter, which is set out herein, are to the best of my knowledge and belief, true, correct, and complete.

Due to the foregoing, I respectfully request that the \$400 penalty assessed be abated. Since I do not have internet access my accountant has offered to assist me and download the necessary information for the next year so that this may not reoccur. I hope this matter will be successfully resolved. Thank you very much for your cooperation.

Sincerely,


MARIA GARCIA FRANGIE, Director

No check was enclosed -

OK 102
Gmia corporation