

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115896

FILED
Feb 04, 2005
Secretary of State

Entity Name: AMIABLES, INC.

Current Principal Place of Business:

415 SE 11TH CT
#19
FT. LAUDERDALE, FL 33316

Current Mailing Address:

415 SE 11TH CT
#19
FT. LAUDERDALE, FL 33316

FEI Number: 43-1980898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UTSMAN, AMY
415 SE 11TH COURT #19
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

415 SE 11TH CT
#14
FT. LAUDERDALE, FL 33316

New Mailing Address:

415 SE 11TH CT
#14
FT. LAUDERDALE, FL 33316

Name and Address of New Registered Agent:

UTSMAN, AMY
415 SE 11TH COURT #14
FORT LAUDERDALE, FL 33316 US

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: AMY UTSMAN

02/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P ST () Delete
Name: AMY, UTSMAN
Address: 415 SE 11TH COURT #19
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ST (X) Change () Addition
Name: AMY, UTSMAN
Address: 415 SE 11TH COURT #14
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY UTSMAN

PST

02/04/2005

Electronic Signature of Signing Officer or Director

Date