


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000024062</b>			
<b>1. Entity Name</b> AMAYA CONTRACTOR CORP.			
<b>Principal Place of Business</b> 14350 S.W. 110TH TERRACE MIAMI FL 33186		<b>Mailing Address</b> 14350 S.W. 110TH TERRACE MIAMI FL 33186	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
AMAYA, GLORIA O 14350 S.W. 110TH TERRACE MIAMI FL 33186		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>5. 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.</b>			
<b>SIGNATURE</b> Signature (typed or printed name of registered agent and title if applicable)		<b>DATE</b> (NOTE: Registered Agent signature required when (re)establishing)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AMAYA, GLORIA O 14350 S.W. 110TH TERRACE MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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1st MOORE CR2E034 (10/05)


**4. FEI Number** 54-2142417 ☐ Applied For  
Not Applicable

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

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000433836  
02/24/06-80034-005 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** 

2/11/06 786 2089354