

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90460 049 ***155.00

DOCUMENT # P02000033747

1. Entity Name
AMETIS BY DESIGN, INC.



Principal Place of Business
**1500 SAN REMO AVE #103
CORAL GABLES, FL 33146**

Mailing Address
**1500 SAN REMO AVE #103
CORAL GABLES, FL 33146**

50015676



2. Principal Place of Business

3. Mailing Address

175 Fontainebleau Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1-B

04122006

Chg-P

CR2E034 (11/05)

City & State

City & State

MIAMI, FL

4. FEI Number

20-0370208

Applied For

Not Applicable

Zip

Country

Zip

Country

33172

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARED, PABLO R ESQ.
1500 SAN REMO AVE #103
CORAL GABLES, FL 33146**

Name

Omaira VALENZANO

Street Address (P.O. Box Number is Not Acceptable)

175 Fontainebleau Blvd. STE. 1-13

City

MIAMI

FL

Zip Code

33172

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

Omaira Valenzano - Omaira Valenzano

4-12-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MEJIA, SANTIAGO
7981 W. FLAGLER ST SUITE 720
MIAMI, FL 33144** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GARCIA, CLAUDIA L
1500 SAN REMO AVE #103
CORAL GABLES, FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTIAGO MEJIA-P

Date

Daytime Phone #

4-12-06 305-221-0774