



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000154996</b> 1. Entity Name <b>AMIA CORPORATION</b>	
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Principal Place of Business <b>2127 BRICKELL AVE STE 1405</b> <b>2502</b> <b>MIAMI, FL 33129</b>	Mailing Address <b>2127 BRICKELL AVE STE 1405</b> <b>2502</b> <b>MIAMI, FL 33129</b>
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01092007	No Chg-P
CR2E034 (11/05)	
4. FEI Number <b>76-0764835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ORTIZ, MICHAEL P.A.</b> <b>2121 PONCE DE LEON BLVD STE 330</b> <b>MIAMI, FL 33134</b>	<p style="text-align: center; font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

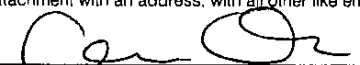
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VARGAS, MIGUEL O</b> <b>2127 BRICKELL AVE STE 2502</b> <b>MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GARCIA, MARIA A</b> <b>2127 BRICKELL AVE STE 2502</b> <b>MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ORTIZ, MICHAEL</b> <b>2121 PONCE DE LEON BLVD 330</b> <b>MIAMI, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:**  **Michael Ortiz Secy** 02/21/07 305 476 5270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #