


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000154996**

1. Entity Name  
**AMIA CORPORATION**



Principal Place of Business <b>2127 BRICKELL AVE STE 1405          2502          MIAMI, FL 33129</b>	Mailing Address <b>2127 BRICKELL AVE STE 1405          2502          MIAMI, FL 33129</b>
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**DO NOT WRITE IN THIS SPACE**



01082008 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

**ORTIZ, MICHAEL P.A.  
 2121 PONCE DE LEON BLVD STE 330  
 MIAMI, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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


000001882521  
 04/16/08-80044-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, MIGUEL O 2127 BRICKELL AVE STE 2502 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MARIA A 2127 BRICKELL AVE STE 2502 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTIZ, MICHAEL 2121 PONCE DE LEON BLVD 330 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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** 3/12/08 305 476 5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #