

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154996

FILED  
May 06, 2009  
Secretary of State

Entity Name: AMIA CORPORATION

**Current Principal Place of Business:**

2127 BRICKELL AVE STE 1405  
2502  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

2127 BRICKELL AVE STE 1405  
2502  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 76-0764835      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ORTIZ, MICHAEL P.A.  
1430 S. DIXIE HIGHWAY  
SUITE 321  
MIAMI, FL 33146 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: MICHAEL ORTIZ      05/06/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: VARGAS, MIGUEL O  
Address: 2127 BRICKELL AVE STE 2502  
City-St-Zip: MIAMI, FL 33129

Title: D      ( ) Delete  
Name: GARCIA, MARIA A  
Address: 2127 BRICKELL AVE STE 2502  
City-St-Zip: MIAMI, FL 33129

Title: S      ( ) Delete  
Name: ORTIZ, MICHAEL  
Address: 2121 PONCE DE LEON BLVD 330  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: ORTIZ, MICHAEL  
Address: 1430 S. DIXIE HIGHWAY, SUITE 321  
City-St-Zip: MIAMI, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL ORTIZ      RA      05/06/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date