

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088496

Entity Name: AMCLA, CORP.**Current Principal Place of Business:**10250 SW 56 ST
D-202
MIAMI, FL 33165**Current Mailing Address:**10250 SW 56 ST
D-202
MIAMI, FL 33165**FEI Number:** 65-1138744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACEVEDO, PEDRO J
1745E HALLANDALE BCH BLVD
1803
HALLANDALE BCH, FL 33009 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	ACEVEDO, PEDRO J
Address	10250 SW 56 ST SUITE-D202
City-State-Zip:	MIAMI FL 33165
Title	D
Name	PINEDA, LUZ M
Address	1745E HALLANDALE BCH BLVD, 1803
City-State-Zip:	HALLANDALE BCH FL 33009
Title	DS
Name	PEDRO JULIO ACEVEDO PINEDA
Address	1745 E HALLANDALE BEACH BLVD 1404
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	ACEVEDO, CLAUDIA L
Address	10250 SW 56 ST SUITE D-202
City-State-Zip:	MIAMI FL 33165
Title	DVP
Name	DORIS ANGELICA ACEVEDO PINEDA
Address	1745 E HALLANDALE BEACH BLVD 1405
City-State-Zip:	HALLANDALE BEACH FL 33009

I hereby 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 all other like empowered.

SIGNATURE: PEDRO ACEVEDO

DP

03/07/2013

Electronic Signature of Signing Officer/Director Detail_____
Date