

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000051318

**Entity Name:** AMA 2, CORP.

**Current Principal Place of Business:**

4616 MERLE PL  
LAKE WORTH, FL 33463

**Current Mailing Address:**

4616 MERLE PL  
LAKE WORTH, FL 33463 US

**FEI Number:** 20-8943147

**Certificate of Status Desired:** No

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

NOFIL, JOSEPH KPA  
3284 NORTH STATE ROAD7  
LAUDERDALE LAKES, FL 33319 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            PTD  
Name            AMADOR, ROSSANA  
Address        4616 MERLE PL  
City-State-Zip: LAKE WORTH FL 33463

Title            VPSD  
Name            AMADOR, VICTOR  
Address        4616 MERLE PL  
City-State-Zip: LAKE WORTH FL 33463

*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:** ROSSANA AMADOR

**PRESIDENT**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date