

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000001575

Entity Name: AMAFA INC.**Current Principal Place of Business:**1317 EDGEWATER DR.
#2354
ORLANDO, FL 32804**Current Mailing Address:**4623 CASON COVE DR APT 1228
ORLANDO, FL 32811 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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	DIRECTOR
Name	BROWN, ATHONY
Address	4623 CASON COVE DR APT 1228
City-State-Zip:	ORLANDO FL 32811

Title	TREASURER
Name	FERGUSON, MILIKKA
Address	1317 EDGEWATER DR. #2354
City-State-Zip:	ORLANDO FL 32804

Title	PRESIDENT
Name	BROWN, CLARENCE
Address	1317 EDGEWATER DR. #2354
City-State-Zip:	ORLANDO FL 32804

Title	SECRETARY
Name	FERGUSON, MALIKKA
Address	1317 EDGEWATER DR. #2354
City-State-Zip:	ORLANDO FL 32804

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: CLARENCE BROWN**PRESIDENT****05/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date