

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 302526</b> 1. Entity Name <b>AMILEDA CORPORATION</b>			
Principal Place of Business <b>GARDENS STRIDE RITE 3101 PGA BLVD. #F137 PALM BCH. GARDENS, FL 33410 US</b>		Mailing Address <b>GARDENS STRIDE RITE 3101 PGA BLVD. #F137 PALM BEACH GARDENS, FL 33410 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>JEFFERY FRISHMAN 3101 PGA BLVD., #F-137 GARDENS STRIDE RITE PALM BEACH GARDENS, FL 33410</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	P		
NAME	FRISCHMAN, JEFFREY		
STREET ADDRESS	3101 PGA BLVD., #F-137		
CITY - ST - ZIP	PALM BEACH GARDENS, FL		
TITLE	VP		
NAME	ROZEN, BERNARDO		
STREET ADDRESS	19041 SE OUTRIGGER LANE		
CITY - ST - ZIP	JUPITER, FL 33418		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jeffrey Frischman</u>		Date <u>1-25-05</u> Daytime Phone # <u>561-694-7993</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1196153**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U00000199286  
01/27/05-80084-024 150.00