

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90057 035 ***150.00

DOCUMENT # 302526

1. Entity Name
AMILEDA CORPORATION



Principal Place of Business

GARDENS STRIDE RITE
3101 PGA BLVD., #137 #G-119
PALM BCH. GARDENS, FL 33410 US

Mailing Address

GARDENS STRIDE RITE
3101 PGA BLVD., #137 #G-119
PALM BEACH GARDENS, FL 33410 US

40031630



DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1196153

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFERY FRISHMAN
3101 PGA BLVD., #137 #G-119
GARDENS STRIDE RITE
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FRISCHMAN, JEFFREY**
STREET ADDRESS **3101 PGA BLVD., #137 #G-119**
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 **S**
NAME **~~BENKE, DAVID~~**
STREET ADDRESS **~~8812 SE SUGAR PINES WAY~~**
CITY-ST-ZIP **~~HOBE SOUND, FL 33455~~**

TITLE **S**
NAME **FRISCHMAN, JEFFREY REBECCA**
STREET ADDRESS **9406 BENT PINE CIRCLE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey Frischman
2-14-08 **561-694-7993**