

**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      Mailing Address  
**GARDENS STRIDE RITE**      **GARDENS STRIDE RITE**  
 3101 PGA BLVD., #119 #G-119      3101 PGA BLVD., #119 #G-119  
 PALM BCH. GARDENS, FL 33410 US      PALM BEACH GARDENS, FL 33410 US

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**DO NOT WRITE IN THIS SPACE**

02042008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1196153</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**JEFFERY FRISHMAN**  
 3101 PGA BLVD., #119 #G-119  
 GARDENS STRIDE RITE  
 PALM BEACH GARDENS, FL 33410

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b>
NAME	<b>FRISCHMAN, JEFFREY</b>
STREET ADDRESS	<b>3101 PGA BLVD., #119 #G-119</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL</b>
TITLE	<b>VP</b>
NAME	<b>ROZEN, BERNARDO</b>
STREET ADDRESS	<b>19041 SE OUTRIGGER LANE</b>
CITY-ST-ZIP	<b>JUPITER, FL 33418</b>
TITLE	<del><b>S</b></del>
NAME	<del><b>BENKE, DAVID</b></del>
STREET ADDRESS	<del><b>8842 SE SUGAR PINES WAY</b></del>
CITY-ST-ZIP	<del><b>HOBE SOUND, FL 33455</b></del>
TITLE	<b>S</b>
NAME	<b>FRISCHMAN, JEFFREY REBECCA</b>
STREET ADDRESS	<b>9406 BENT PINE CIRCLE</b>
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Jeffrey Frischman      Jeffrey Frischman      2-14-08      561-694-7993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #