

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # 452054**  
 1. Entity Name  
**AMERLAND CORPORATION**

Principal Place of Business      Mailing Address  
 1355 WEST 53RD STREET      1355 WEST 53RD STREET  
 APARTMENT 320      APARTMENT 320  
 HIALEAH FL 33012      HIALEAH FL 33012



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State

4. FEI Number **59-1538699**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**SALAZAR, EDUARDO**  
**1340 CORAL WAY**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be**  
 Trust Fund Contribution.       **Added to Fees**

**10. OFFICERS AND DIRECTORS**

|   |   |                                 |
|---|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PD<br>SALAZAR, EDUARDO<br>1340 CORAL WAY<br>CORAL GABLES FL   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | SD<br>SALAZAR, MARGARITA<br>1340 CORAL WAY<br>CORAL GABLES FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |  |   |
|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| U00000727147<br>05/04/07-80036-007 150.00         |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_ **4-19-2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #