


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90218 044 \*\*\*150.00

<b>DOCUMENT # 575081</b> 1. Entity Name <b>AMCO CONSTRUCTION CORP.</b>					
Principal Place of Business <b>1150 NW 72ND AVE</b> <b>MIAMI, FL 33126 US</b>			Mailing Address <b>1150 NW 72ND AVE</b> <b>MIAMI, FL 33126 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>QUINTANA, JULIO</b> <b>1150 NW 72ND AVE</b> <b>MIAMI, FL 33126</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>QUINTANA, JULIO</b> <b>1150 NW 72ND AVE</b> <b>MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Former PRESIDENT</b> <b>ALFONSO CAPO</b> <b>2620 LAKE AVE</b> <b>MIAMI BEACH FL 33140</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RODRIGUEZ, ALEJANDRO</b> <b>1150 NW 72ND AVE</b> <b>MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>GALE CANNON</b> <b>13640 S.W. 102 LN</b> <b>MIAMI, FL 33186</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>ARTHUR HERNANDEZ</b> <b>5600 S.W. 75 AVE</b> <b>MIAMI, FL 33156</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PRESIDENT</b> <b>OCTAVIO AMBROGI</b> <b>5357 W 24 CT, HIALEAH, FL 33016</b> <b>HIALEAH, FL 33016</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PRESIDENT</b> <b>GERARDO CAPO JR</b> <b>5025 COLLINS AVE #10000</b> <b>MIAMI, BEACH, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		



04172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1882263**

Applied For  
Not Applicable

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

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

**4/18/06**

Date

**305-573-0501**

Daytime Phone #