

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 575081

1. Entity Name
AMCO CONSTRUCTION CORP.



Principal Place of Business
1150 NW 72ND AVE
MIAMI, FL 33126 US

Mailing Address
1150 NW 72ND AVE
MIAMI, FL 33126 US

FILED
Apr 20, 2007 08:00 AM
Secretary of State



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1882263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTANA, JULIO
1150 NW 72ND AVE
MIAMI, FL 33126

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPO, ALXJANDRO 2820 LAKE AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANDONA, GAIL 13640 SW 120ND LN. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, ARTHUR 5600 SW 75TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMBROGI, OCTAVIO 5357 W 24TH CT. HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPO, GERARDO JR 5025 COLLINS AVE #10000 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000720168
05/01/07-80033-023 150.00

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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #