2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 8:00 am Secretary of State

1. Entity Name AMF PARTNERS, INC.				04-06-2007 90042 001 ***150.00
Principal Place of Business		Mailing Address	2.0	
2725 S.W. 3RD AVE.		Mailing Address 2725 S.W. 3RD AVE. P. MIAMI, FL 33129 M/4	0.Box 450	100 quuse-
MIAMI, FL 3	3129	- MIAINI, PL 33129 M/	AMI, FL	
5 District	No. of Co.	1 2 44 20 4 4 1	33245	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For
Zip	Country	Zip	Country	59-2525123 Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
HAAR, ANA MARIA			Name	
2725 S.W. 3RD AVE. MIAMI, FL 33129			Street Address	s (P.O. Box Number is Not Acceptable)
		2	City	FL Zip Code
8. The above named entity submits this statement of the purpose of changing its registered office or fegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, possess Printed name of societistical applications and title applications (INOTE: Registered Agent signature required when reinstating) DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	PCTS OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	HAAR, ANA MARIA	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	401 SW 28TH RD.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
IULTE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME Street Address			NAME	
CITY-ST-ZIP		ł	STRLET ADDRESS CITY-ST-ZIP	
MLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this flying 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 reported 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 employeered 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 employment.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SKONING OFFICER OR DIRECTOR District Phone 8				