

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 668505 1. Entity Name AMICUS CORP. OF AMERICA	
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Principal Place of Business
**5500 COLLINS AVENUE
#402
MIAMI BEACH, FL 33140**

Mailing Address
**5500 COLLINS AVENUE
#402
MIAMI BEACH, FL 33140**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2073915	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GREEN, GEORGE
5500 COLLINS AVENUE
SUITE 402
MIAMI BEACH, FL 33140**

**DO NOT WRITE
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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GREEN, GEORGE
STREET ADDRESS	5500 COLLINS AVENUE, SUITE 402
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	DS
NAME	MARTINCAK, LAUREN G
STREET ADDRESS	1550 NORTHVIEW DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33410

TITLE	DAS
NAME	GREEN, TAMMY J
STREET ADDRESS	5500 COLLINS AVE. SUITE 402
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1101000443356
03/06/06-80003-006 158.75

**DO NOT WRITE
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 like empowered.

SIGNATURE: _____

George Green
GEORGE GREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06
Date

*305-867
6572*
Daytime Phone #