

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91454 047 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

90127854

DOCUMENT # F00000001630 1. Entity Name AMERIMEX COMMUNICATIONS CORP.					
Principal Place of Business 1078 ALPHARETTA ST., STE #9 ROSWELL, GA 30075			Mailing Address 1078 ALPHARETTA ST., STE #9 ROSWELL, GA 30075		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-2404604	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SUMMERLIN, SUZANNE F 1311-E PAUL RUSSELL RD, SET 201 TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent Signature Required when reappointing)					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	ALDRIDGE, DONALD L		STREET ADDRESS		
CITY-ST-ZIP	1078 ALPHARETTA ST., STE #9 ROSWELL, GA		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RIVERA, IRVING		NAME		
STREET ADDRESS	1078 ALPHARETTA ST., STE #9		STREET ADDRESS		
CITY-ST-ZIP	ROSWELL, GA 30075		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 amendment with an address, with all other like empowered.					
SIGNATURE: <i>Donal L Aldridge</i> 5-1-03 678-932-6210					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2034 (10/02)