

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F10407

1. Entity Name
AMERIKOOLER, INC.



Principal Place of Business
575 EAST 10 AVENUE
HIALEAH, FL 33010 US

Mailing Address
575 EAST 10 AVENUE
HIALEAH, FL 33010 US

2. Principal Place of Business - No P.O. Box #
% MIGUEL M. GONZALEZ, P.A.
Suite, Apt. #, etc.
525 N.W. 27th Avenue, Ste.

3. Mailing Address
% MIGUEL M. GONZALEZ, P.A.
Suite, Apt. #, etc.
525 N.W. 27th Avenue, Ste.

City & State
Miami, FL 33125
Zip
Country
Miami-Dade

City & State
Miami, FL 33125
Zip
Country
Miami-Dade

02132007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2720505
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALONSO, RENATO M
575 E. 10 AVE.
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name
GONZALEZ, MIGUEL
Street Address (P.O. Box Number is Not Acceptable)
525 N.W. 27th Avenue, Suite 105A
Miami, FL 33125
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

Miguel M. Gonzalez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/15/2007

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000097963500
04/23/07--01018--018 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POF ALONSO, RENATO M. 575 E. 10 AVE. HIALEAH, FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALONSO, RENATO M. 575 East 10th Avenue Hialeah, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALONSO, GIAN CARLO 575 East 10th Avenue Hialeah, FL 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLADO, EDUARDO 575 East 10th Avenue Hialeah, FL 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Eduardo Collado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2007

Date

305-649-0030

Daytime Phone #

FILED
2007 APR -9 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

