

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10407

Entity Name: AMERIKOOLER, INC.

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

% MIGUEL M. GONZALEZ, P.A.  
525 N.W. 27TH AVENUE, STE. 105A  
MIAMI, FL 33125

## Current Mailing Address:

% MIGUEL M. GONZALEZ, P.A.  
525 N.W. 27TH AVENUE, STE. 105A  
MIAMI, FL 33125

## New Principal Place of Business:

% MIGUEL M. GONZALEZ, P.A.  
605 OCEAN DRIVE, 3M  
KEY BISCAYNE, FL 33149

## New Mailing Address:

% MIGUEL M. GONZALEZ, P.A.  
605 OCEAN DRIVE, 3M  
KEY BISCAYNE, FL 33149

FEI Number: 59-2720505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, MIGUEL  
525 N.W. 27TH AVENUE, STE 105A  
MIAMI, FL 33125 US

## Name and Address of New Registered Agent:

GONZALEZ, MIGUEL M ESQ.  
605 OCEAN DRIVE, 3M  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: MIGUEL M. GONZALEZ

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ALONSO, RENATO M  
Address: 575 EAST 10TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: S ( ) Delete  
Name: ALONSO, GIAN CARLO  
Address: 575 EAST 10TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: T ( ) Delete  
Name: COLLADO, EDUARDO  
Address: 575 EAST 10TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: S (X) Delete  
Name: ALONSO, RENATO J  
Address: 575 EAST 10TH AVE.  
City-St-Zip: HIALEAH, FL 33010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ALONSO, RENATO J  
Address: 575 EAST 10TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENATO M. ALONSO

DP

03/31/2009

Electronic Signature of Signing Officer or Director

Date