

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F63895 1. Entity Name AMARUBA, INC.	
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Principal Place of Business 1201 NE 99TH STREET MIAMI SHORES, FL 33138	Mailing Address 1201 NE 99TH STREET MIAMI SHORES, FL 33138
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DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2153819	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRISSEL, RICHARD
 5901 SW 74TH ST.
 S. MIAMI, FL 33143

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTS ODUBER, FANNY 1201 NE 99TH STREET MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ODUBER, GERARDO 1201 NE 99TH STREET MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ODUBER, HAROLD 1201 NE 99TH STREET MIAMI SHORES, FL
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02/21/05-8051-016 150.00

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; that 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 attached with an address, with all other like empowered.

SIGNATURE: Harold Oduber 2/16/05 305-756-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone