

MY CORRECTION

# 2006 FOR PROFIT CORPORATION

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90004 001 \*\*\*158.75

DOCUMENT # G41838

1. Entity Name  
 AMECA-FINANCING, INC.



Principal Place of Business

3761 FLYPARK DRIVE  
 ROCKLEDGE, FL 32955

Mailing Address

C/O DR BALZ FEINER  
 3761 FLYPARK DRIVE  
 ROCKLEDGE, FL 32955

338 HIALSAH STR.

20050201



2. Principal Place of Business

3761 ROCKLEDGE AIRPORT

Suite, Apt. #, etc.

3761 FLYPARK DR.

City & State

ROCKLEDGE

Zip

32955

Country

3. Mailing Address

ROCKLEDGE AIRPORT CORP.

Suite, Apt. #, etc.

C/O BALZ FEINER

City & State

338 HIALSAH STR. ROCKLEDGE

Zip

32955

Country

USA

11192004

REIN-P

CR2E098 (6/04)

4. FEI Number

59-2412326

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINER, BALZ C/O  
 3761 FLYPARK DRIVE  
 ROCKLEDGE, FL 32955

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with Section 607.193(2)(b), FIS, the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
 NAME SCHLUESSEL, WALTER  
 STREET ADDRESS FLUH  
 CITY-ST-ZIP SCHENKON/LU, SWITZ., ☐ Delete

TITLE S  
 NAME SCHLUESSEL, WALTER  
 STREET ADDRESS FLUH  
 CITY-ST-ZIP SCHENKON/LU, SWITZ., ☐ Delete

TITLE VP  
 NAME FEINER, BALZ  
 STREET ADDRESS 1850 TIMBERS WEST BLVD.  
 CITY-ST-ZIP ROCKLEDGE, FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-06 (321) 631-5043

Date

(321) 360-4322

rk