

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # J05556

1. Entity Name
AMAS DEVELOPMENT CORPORATION



Principal Place of Business
1103 E LAS OLAS BLVD
200
FT LAUDERDALE, FL 33301 US

Mailing Address
1103 E LAS OLAS BLVD
200
FT LAUDERDALE, FL 33301 US



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2665410

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHIFF, MICHAEL A.
1103 E LAS OLAS BLVD
FT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007 Fee will be \$550.00

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

1000000625540
02/14/07 00073 020 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|-----------------------------------|
| TITLE | D |
| NAME | BRADY, JAMES C. |
| STREET ADDRESS | 1508 SE THIRD AVE |
| CITY-ST-ZIP | FT LAUDERDALE, FL |
| TITLE | DV |
| NAME | SHIFF, MICHAEL A |
| STREET ADDRESS | 1103 E LAS OLAS BLVD. #200 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Michael A Shiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07 *954-463-8900*
Date Daytime Phone