


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
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2665410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

100000625540
 02/14/07 88673 020 150.00

10. OFFICERS AND DIRECTORS

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

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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* **1/31/07** **954-463-8900**

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