

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40250

Entity Name: AMACORP, INC.

FILED
Mar 26, 2004
Secretary of State

Current Principal Place of Business:

1600 S. HIATUS RD
PEMBROKE PINES, FL 33084

New Principal Place of Business:

1600 S. HIATUS RD
PEMBROKE PINES, FL 33025

Current Mailing Address:

1600 S. HIATUS RD
PEMBROKE PINES, FL 33084

New Mailing Address:

1600 S. HIATUS RD
PEMBROKE PINES, FL 33025

FEI Number: 59-2740969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMATANGELO, DENNIS E.
1600 S. HIATUS RD.
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: AMATANGELO, LORRAINE
Address: 1351 W FAIRWAY RD
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD () Delete
Name: AMATANGELO, DENNIS E.
Address: 1600 S. HIATUS RD.
City-St-Zip: PEMBROKE PINES, FL

Title: TD () Delete
Name: AMATANGELO, GUIDO,
Address: 1341 W FAIRWAY RD.
City-St-Zip: PEMBROKE PINES, FL

Title: SD () Delete
Name: AMATANGELO, NANCY
Address: 1600 S. HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: DENNIS AMATANGELO

PD

03/26/2004

Electronic Signature of Signing Officer or Director

_____ Date