## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

NAME

STREET ADDRESS

CITY-ST-ZIP

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2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)						L50162					
DOCUMENT # L50162								_ED			
AMADOR MACHINE SHOP, INC.						05 MAR 17 PM 3: 25 SECRETARILLA STATE TATLAHASSEE, FLORIDA					
Principal Plac	ce of Business	Mailing Add	tross				SECRETA	,r.1 uh S'	ADIDA		
2421 N.W. 27TH AVENUE 2421 N.W. 27TH AVE MIAMI FL 33142 MIAMI FL 33142			. 27TH AVENU	JE		-	- TALLAHA	SSEE, FL	OKIDA		
Principal Place of Business     3. Malting Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1s	t MOORE	CR2E034 (	10/04)	1		
City & Stat	6	City & State				4. FEI Numb	<sup>er</sup> 65-017151	6		olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name and Address of Current	Registered Ag	ent	Name		7. Name and	Address of New I	redistered Ag	ent:		
VALDES, MIGUEL A. 730 SE 9TH PL HIALEAH FL 33010					Street Address (P.O. Box Number is Not Acceptable)						
				City	······································	····		FL	Zip Code		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose o	f changing its re	gistered office	or register	ed agent, or bo	oth, in the State of Fl	orida. I am far	nihar with, a	and accept	
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required						when reinstating)		DATE	·		
After	ILE NOW!!! FEE IS \$150.00 May 1; 2005 Fee Will Be \$550.00 Payable to Florida Department o					·	9. Election Camp Trust Fund Co		_	O May Be of to Fees	
10.	OFFICERS AND	DIRECTORS		11.	<u>·</u>	ADDITIONS	/CHANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE	DP	. {	Detete	TOTLE	T				Change	Addition	
NAME	VALDES, MIGUEL A			NAME							
STREET ADORESS CITY-ST-ZIP	2421 NW 27 AVE MIAMI FL 33142			STREET ADORESS City-St-Zip				·			
TITLE HAME STREET ADDRESS		[	□ Delata	TITLE NAME STREET ADDRESS				C	Change	Addition	
CITY-SI-ZIP				CITY-ST-ZIP	Ì				•		
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TITLE MAME STREET ADDRESS		(	Delete	TITLE NAME STREET ADDRESS					Change	☐ Addition	
CITY-ST-ZiP				CITY-ST-ZIP	ļ				<u>.</u>		
UTLE		(	Delete	TITLÉ				[	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 address, with all other like empowered.

SIGNATURE: