

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90095 026 \*\*\*150.00

**DOCUMENT # M23182**

1. Entity Name  
**AMES INTERNATIONAL CORPORATION**



Principal Place of Business

**7381 NW 54TH STREET  
MIAMI, FL 33166**

Mailing Address

**7381 NW 54TH STREET  
MIAMI, FL 33166**

**50011375**



2. Principal Place of Business

**2944 NW 72nd AVE**

Suite, Apt. #, etc.

3. Mailing Address

**2944 NW 72nd AVE**

Suite, Apt. #, etc.

01312005

Chg-P

CR2E034 (10/03)

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**59-2622958**

Applied For

Not Applicable

Zip

**33122**

Country

**US**

Zip

**33122**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DIEZ, JOSE L.  
7381 NW 54TH STREET  
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name

**DIEZ, JOSE L.**

Street Address (P.O. Box Number is Not Acceptable)

**2944 NW 72nd AVE**

City

**MIAMI**

FL

Zip Code

**33122**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME **DIEZ, JOSE LEONARDO**  
STREET ADDRESS **7381 NW 54TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE PD ☒ Change ☐ Addition  
NAME **DIEZ, JOSE LEONARDO**  
STREET ADDRESS **2944 NW 72nd AVE**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01-30-05**