2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED May 02, 2005 08:00 AM Secretary of State DOCUMENT # M78337 1. Entity Name AMELIO FENCE, CORP. Principal Place of Business Mailing Address % AMELIO CONCEPCION 19606 NW 62ND AVENUE MIAMI FL 33015 259 WEST 24 STREET HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 65-0088957 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONCEPCION, AMELIO Street Address (P.O. Box Number is Not Acceptable) 19606 NW 62ND AVE. MIAMI FL 33015 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when ministating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00" \$5.00 May B. 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE CONCEPCION, AMELIO NAME NAME STREET ADDRESS 19606 NW 62ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL., CITY-ST-ZIP TITLE ☐ Change Adisi. Delete TITLE U00000357581 CONCEPCION, REGLA NAME NAME 05/04/05-80079-024 150.00 STREET ADDRESS 19606 NW 62ND AVE STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP MIAMI, FL., ☐ Delete TITLE ☐ Change Addita TITLE NAME NAME CONCEPCION, JAVIER STREET ADDRESS STREET ADDRESS 19606 NW 62ND AVE CITY-ST-ZIP CITY+ST-ZIP MIAMI, FL., THILE ☐ Change Additio TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change Á Adigiti TITLE Delete TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7iP CITY-ST-ZIP Adam. TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

AMELIO CONCEPCION DP 04-28-05

Daytime Phone #