


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90093 043 ***150.00

DOCUMENT # M78337	
1. Entity Name AMELIO FENCE, CORP.	

Principal Place of Business 259 WEST 24 STREET HIALEAH, FL 33010	Mailing Address % AMELIO CONCEPCION 19606 NW 62ND AVENUE MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0088957	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

CONCEPCION, AMELIO
 19606 NW 62ND AVE.
 MIAMI, FL 33015

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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) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONCEPCION, AMELIO 19606 NW 62ND AVE MIAMI, FL...
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONCEPCION, REGLA 19606 NW 62ND AVE MIAMI, FL...
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONCEPCION, JAVIER 19606 NW 62ND AVE MIAMI, FL...
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Amelio Concepcion*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Amelio Concepcion Daytime Phone # _____