

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0088957

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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* **Amelio Concepcion**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/8/08** Daytime Phone # _____