


**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 <b>65-0088957</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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	

U00000947142  
06/02/08-80002-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

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