

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78337

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: AMELIO FENCE, CORP.

## Current Principal Place of Business:

259 WEST 24 STREET  
HIALEAH, FL 33010

## New Principal Place of Business:

259 WEST 24 STREET  
HIALEAH, FL 33010 US

## Current Mailing Address:

% AMELIO CONCEPCION  
19606 NW 62ND AVENUE  
MIAMI, FL 33015

## New Mailing Address:

% JAVIER CONCEPCION  
19606 NW 62ND AVENUE  
MIAMI, FL 33015 US

FEI Number: 65-0088957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CONCEPCION, JAVIER DP  
19606 NW 62ND AVE.  
MIAMI, FL 33015 US

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.

SIGNATURE: JAVIER CONCEPCION

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CONCEPCION, AMELIO  
Address: 19606 NW 62ND AVE  
City-St-Zip: MIAMI, FL,,

Title: D ( ) Delete  
Name: CONCEPCION, REGLA  
Address: 19606 NW 62ND AVE  
City-St-Zip: MIAMI, FL,,

Title: D ( ) Delete  
Name: CONCEPCION, JAVIER  
Address: 19606 NW 62ND AVE  
City-St-Zip: MIAMI, FL,,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CONCEPCION, JAVIER DP  
Address: 19606 NW 62ND AVE  
City-St-Zip: MIAMI,, FL 33015 US

Title: D (X) Change ( ) Addition  
Name: CONCEPCION, AMELIO D  
Address: 19606 NW 62ND AVE  
City-St-Zip: MIAMI,, FL 33015 US

Title: D (X) Change ( ) Addition  
Name: CONCEPCION, REGLA D  
Address: 19606 NW 62ND AVE  
City-St-Zip: MIAMI,, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER CONCEPCION

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date