

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001101

FILED  
May 28, 2009  
Secretary of State

Entity Name: AMASA 2, INC.

**Current Principal Place of Business:**

1324 NW 168TH AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1324 NW 168TH AVE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 82-0589293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILLIAM NASH, MARY L  
1324 NW 168TH AVE  
PEMBROKE PINES, FL 33028      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NASH, MARY  
Address: 1324 NW 168TH AVE  
City-St-Zip: HOLLYWOOD, FL 33028

Title: VP ( ) Delete  
Name: SCOTT, WILLIE  
Address: 4740 NW 178TH TERRACE  
City-St-Zip: CAROL CITY, FL 33055

Title: T ( ) Delete  
Name: DORESTT, MARY  
Address: 1160 NW 185TH TERRACE  
City-St-Zip: HOLLYWOOD, FL 33029

Title: S ( ) Delete  
Name: NEDD, NICOLE  
Address: 5701 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: NASH, MARY  
Address: 1324 NW 168TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S (X) Change ( ) Addition  
Name: NASH, MARY  
Address: 1324 NW 168TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY NASH

P

05/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date