

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005715

FILED
Apr 24, 2007
Secretary of State

Entity Name: AMV FOUNDATION, INC.

Current Principal Place of Business:

2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 04-3793196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: D () Delete
Name: STINSON, JR., LOUIS
Address: 3860 STEWART AVE
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D () Delete
Name: PEEPLES, L. GRANT
Address: 155 OCEAN LANE, APT. 1101
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

Title: D () Delete
Name: CRANE, STEPHEN V
Address: P. O. BOX 578
City-St-Zip: CAMDEN, ME 048430578 US

Title: D () Delete
Name: ESTRADA DE HELLMUND, SYLVIA HELENA
Address: 430 GRAND BAY DRIVE APT. 1207
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

Title: D () Delete
Name: ESTRADA DE WALLIS, ANA LUISA
Address: 445 GRAND BAY DRIVE, APT. 801
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS STINSON, JR.

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date