## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001949

Entity Name: AMIGOS UNIDOS, INC

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

445 DOUGLAS AVE. STE. 2205-D

ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

445 DOUGLAS AVE. STE. 2205-D

ALTAMONTE SPRINGS, FL 32714

FEI Number: 83-0448996 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SINGLETON, ANTONIETA

445 DOUGLAS AVE.

STE. 2205-D

HUTCHINSON, BECK

445 DOUGLAS AVE.

STE. 2205-D

STE. 2205-D

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 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: BECK HUTCHINSON 01/17/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JAMES, MERCEDES
 Name:

 Address:
 445 DOUGLAS AVE. STE 2205-D
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TAYLOR, HAVEN
 Name:

 Address:
 445 DOUGLAS AVE. STE 2205-D
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Name: SINGLETON, ANTONIETA Name: HUTCHINSON, BECK

Address: 445 DOUGLAS AVE. STE 2205-D Address: 445 DOUGLAS AVE. STE 2205-D City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: BECK HUTCHINSON TR 01/17/2007