

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51269

FILED
Feb 13, 2005
Secretary of State

Entity Name: AMIGOS CONSTRUCTION AND COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1185 SUNSET DRIVE
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

1185 SUNSET DRIVE
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0361313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMERSON, DORIS
914 EAST RIDGE VILLAGE DRIVE
MIAMI, FL 33157 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: PD () Delete
Name: EMERSON, DORIS
Address: 914 EAST RIDGE VILLAGE DRIVE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: GONZALEZ, CARMEN
Address: 10852 S.W. 88TH STREET, #319
City-St-Zip: MIAMI, FL

Title: TD (X) Delete
Name: LINDHART, RONALD
Address: 7515 S.W. 164TH STREET
City-St-Zip: MIAMI, FL

Title: D (X) Delete
Name: BATISTA, ROGER
Address: 1163 S.W. 131ST AVENUE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SAMPIERI, JOAN
Address: 9031 S.W. 62ND TERRACE
City-St-Zip: MIAMI, FL

Title: M () Delete
Name: ROGERS, JOHN
Address: 9055 S.W. 158TH STREET
City-St-Zip: MIAMI, FL

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:

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 Section 119.07(3)(i), 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: DORIS M. EMERSON

PD

02/13/2005

Electronic Signature of Signing Officer or Director

Date