

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003836

FILED
Mar 19, 2009
Secretary of State

Entity Name: PROJECT AMAZONAS, INC.

Current Principal Place of Business:

701 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

701 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-0515019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAGUSZTYN, RICHARD
701 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE, FL 33334 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: SINDELL, RAYMOND
Address: 313 PHEASANT RIDGE
City-St-Zip: WARNER ROBINS, GA 31088 US

Title: DT () Delete
Name: JAGUSZTYN, RICHARD
Address: 701 EAST COMMERCIAL BLVD., SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: D () Delete
Name: JOHNSON, JAMES
Address: 251 BALLARD ROAD
City-St-Zip: PELZER, SC 29669 US

Title: PD () Delete
Name: GRAHAM, DEVON
Address: 10821 SW 48 TERR.
City-St-Zip: MIAMI, FL 33165 US

Title: DS () Delete
Name: SIMONS, DAVID
Address: 3864 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D () Delete
Name: SHELLEY, ROBERT
Address: PO BOX 556
City-St-Zip: MYRTLE BEACH, SC 29578 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
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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 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: RICHARD JAGUSZTYN

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date