

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001762

FILED
Apr 15, 2005
Secretary of State

Entity Name: AMARANTHINE, INC.

Current Principal Place of Business:

4186 PAMONA AVE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

4186 PAMONA AVE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 91-1976214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSCH, SCHERLEY
4186 PAMONA AVE
COCONUT GROVE, FL 33133 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: OLAUAKLIN, JEANNE
Address: BARRY UNIVERSITY 1180 NE ONE DR
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: COOPER, LEONA
Address: 200 WASHINGTON DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: PD () Delete
Name: AZANIR, JULIE
Address: 4180 VENTURA
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: FRIEDMAN, JUDY
Address: 2801 PONCE DE LEON, #570
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: FREEDMAN, ANNE
Address: 1541 SUNSET DRIVE, #201
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: CAMERON, LYNNE
Address: 886 MERORES
City-St-Zip: MIAMI, FL 33134

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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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: LYNNE CAMERON

D

04/15/2005

Electronic Signature of Signing Officer or Director

Date