

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90001 042 \*\*\*158.75

**DOCUMENT # P00000015049**



1. Entity Name

AMANZ INC.

Principal Place of Business

1902 SW 84 TERRACE  
N LAUDERDALE FL 33068

Mailing Address

500 SW 76 TER  
N LAUDERDALE FL 33068

04000000



MOORE CR2E034 (11/03)

2. Principal Place of Business

1902 SW 84 terrace  
Suite, Apt. #, etc.

3. Mailing Address

1902 SW 84 terrace  
Suite, Apt. #, etc.

City & State

North Lauderdale FL  
FL

Country

City & State

North Lauderdale FL  
33068

Zip

Country

4. FEI Number

65-0998912

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANZANARES, ANGEL A  
500 SW 76TH TERRACE  
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) \*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MANZANARES, ANGEL A	
STREET ADDRESS	500 SW 76 TER	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANZANARES, LILJANA	
STREET ADDRESS	500 SW 76TH TERRACE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angel A Manzanar	
STREET ADDRESS	1902 SW 84 TER	
CITY-ST-ZIP	North Lauderdale FL 33068	
TITLE	U.P. President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILJANA MANZANARES	
STREET ADDRESS	1902 SW 84 terrace	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

Date

954-4456190

Daytime Phone #