2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 19, 2005 8:00 am Secretary of State DOCUMENT # P00000015049 1. Entity Name 05-19-2005 90045 018 ***150.00 AMANZ INC. Mailing Address Principal Place of Business 1902 SW 84 TERRACE N LAUDERDALE FL 33068 500 SW 76 TER N LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address 5005W Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0998912 Not Applicable Surthhae Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANZANARES, ANGEL A Street Address (P.O. Box Number is Not Acceptable) 500 SW 76TH TERRACE NORTH LAUDERDALE FL 33068 Zip Code City 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 agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MANZANARES, ANGEL A NAME NAME STREET ADDRESS 1902 SW 84 TERRACE STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL 33068 CITY-ST-ZIP VP Change Addition TITLE ☐ Delete MANZANARES, LILJANA NAME NAME STREET ADDRESS 1902 SW 84 TERRACE STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 employered 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 that an address that an address that an address that a supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date