


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90045 018 ***150.00

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	
2. Principal Place of Business 500 SW 76 TERRACE		3. Mailing Address 500 SW 76 TER	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State North Lauderdale FL		City & State 	
Zip 33068		Country FL	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANZANARES, ANGEL A 1902 SW 84 TERRACE N LAUDERDALE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MANZANARES, LILJANA 1902 SW 84 TERRACE NORTH LAUDERDALE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

4. FEI Number **65-0998912** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

934 718-8081