


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90256 017 ***150.00

DOCUMENT # P00000015049	
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1. Entity Name AMANZ INC.	Principal Place of Business 500 SW 76 TER N LAUDERDALE FL 33068	Mailing Address 500 SW 76 TER N LAUDERDALE FL 33068
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2. Principal Place of Business 1902 SW 84TH TERRACE	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State North Lauderdale FL	City & State
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Zip 33068	Country	Zip	Country
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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
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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.
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SIGNATURE 	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE 2-01-03
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME MANZANARES, ANGEL A	TITLE	NAME
STREET ADDRESS 500 SW 76 TER	CITY-ST-ZIP N LAUDERDALE FL 33068	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME MANZANARES, LILJANA	TITLE	NAME
STREET ADDRESS 500 SW 76TH TERRACE	CITY-ST-ZIP NORTH LAUDERDALE FL 33068	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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.
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SIGNATURE: 	SIGNATURE REQUIRED	2-1-03	9:54	718-8089
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0998912	Applied For <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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CR2E034 (10/02)