


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90047 040 ***150.00


DOCUMENT # P00000020621	
1. Entity Name AMENA INTL. CORP.	

Principal Place of Business 800 S. WOODLAND BLVD. DELAND FL 32720	Mailing Address 332 S WOODLAND BLVD APT B DELAND FL 32720
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 719 MALTBY DR Suite, Apt. #, etc.
---	---

City & State DELTONA FL	City & State DELTONA FL
Zip F132738	Country VOLUSIA

100000101



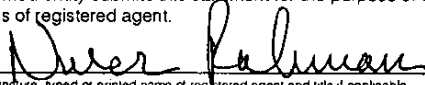
1st MOORE CR2E034 (10/04)

4. FEI Number 59-3637085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAHMAN, NURER 332 S WOODLAND BLVD APT B DELAND FL 32720	
---	--

7. Name and Address of New Registered Agent Name NURER RAHMAN Street Address (P.O. Box Number is Not Acceptable) 719 MALTBY DR City DELTONA FL Zip Code 32738	
---	--

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.

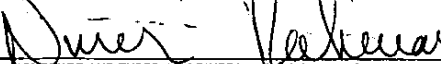
SIGNATURE  DATE **1-25-05**

(NOTE: Registered Agent signature required when reinstating)

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 M	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JANNATUL, MARJINA		NAME 719 MALTBY DR	
STREET ADDRESS 332 S WOODLAND BLVD		STREET ADDRESS DELTONA, FL 32738	
CITY-ST-ZIP DELAND FL 32720		CITY-ST-ZIP DELTONA, FL 32738	
TITLE M	<input type="checkbox"/> Delete	TITLE 719 MALT BY DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IMAMUDDINN, MOHAMMAD		NAME DELTONA-FL 32738	
STREET ADDRESS 332 S WOODLAND BLVD		STREET ADDRESS	
CITY-ST-ZIP DELAND FL 32720		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **1-25-05** 386-740-1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR