

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042737

Entity Name: AMSTREAM 2000, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

801 NW 24TH ST
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

801 NW 24TH ST
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 65-1002685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEGNER, VANESSA
801 NW 24TH ST
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEGNER, VANESSA
Address: 11341 SOUTHWEST 42ND TERRACE
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: JIMISON, TONI K
Address: 2323 N.E. 15TH AVE
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEGNER, VANESSA
Address: 801 NW 24TH ST
City-St-Zip: WILTON MANORS, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANESSA SEGNER

PD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date