2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

DOCUMENT # P0000099185 1. Entity Name A.B. AMICI, INC.						03-22-200	4 90026 003 ***	150.00	
Principal Place of Business Mailing Address				!					
28 SOUTH 0	28 SOUTH ORANGE	SOUTH ORANGE AVENUE				E /	1000000		
ORLANDO, F	L 32801	ORLANDO, FL 328	ORLANDO, FL 32801			54020348			
						BUTH BRITT BRITT BRITT BRIT		Simple II (11)	
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122004	Chg-P	CR2E034 (10/03)	
City & State		City & State	City & State		4. FEI Number 59-3679			Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry		f Status Desired	\$8.75 A	dditional	
6. Name and Address of Current Registe		rent Registered Agent	ed Agent		7. Name and A	Address of New R			
			Name						
DECUBELLIS & MEEKS, P.A. 837 NORTH GARLAND AVENUE ORLANDO, FL 32801				Street Address	(P.O. Box Number is Not Acceptable)				
رُ								1	
				City			FL Zip Co	de	
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 Signalive, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					i.00 May Be ded to Fees				
10.	OFFICERS /	AND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE			TITU				Change	☐ Addition	
STREET ADDRESS	BROQI, ARBEN 4108 LAKE UNDERHILL ROAD		NAM	ET ADDRESS			· -		
CHY-ST-ZIP	ORLANDO, FL 32803			-ST-ZIP					
TITLE	Delete		TITL				Change	Addition	
NAME		23 2000	. NAM	1				CI / Walking ii	
STREET ADDRESS				EET ADDRESS					
CITY-SI-ZIP			CHTY	-\$T-ZIP					
TITLE		Delete	TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	E			☐ Change	Addition	
NAME			NAM						
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS - ST- ZIP					
·								(TT) A stations	
TITLE NAME		☐ Defete	TITL! NAM	ļ.			☐ Change	Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE NAME	 	Delete	TITLI NAM				☐ Change	Addition	
STREET ADDRESS				EET ADDRESS				[
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for t				-ST-ZIP		El 11 6			
14. LOGGEDY 0	enny that the information subblied	i wiiri this illing đoës not qualif	iv for the exe	motion stated in Se	ecuon 119.07(3)(i)	Florida Statutes	turther certify that the	intermetion I	

I hereby certify that the information supplied with this filling 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.

GNATURE: ROO STATUTE S

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3)18/04