

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023697

FILED
Mar 01, 2005
Secretary of State

Entity Name: AMC DIABETIC NETWORK CORPORATION

Current Principal Place of Business:

7000 SW 62 AVE
SUITE 545
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

250 GALEN DR
APT. 22
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-1085878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUERVO, MARIO S ESQ
250 GALEN DR.
APT. 22
KEY BISCAYNE, FL 33149 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 ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUERVO, MARIO SYLA JR
Address: 250 GALEN DR APT. 22
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CUERVO, MARIO S JR
Address: 250 GALEN DR APT. 22
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Change (X) Addition
Name: AMATO, RALPH J JR
Address: 5911 SW 199 AVE
City-St-Zip: FT. LAUDERDALE, FL 33332

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: MARIO S. CUERVO JR.

D

03/01/2005

Electronic Signature of Signing Officer or Director

_____ Date