

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063488

FILED  
Jul 14, 2004  
Secretary of State

Entity Name: GROUP AMAZONIA CORPORATION

## Current Principal Place of Business:

2801 SW 73TH WAY #1710  
DAVIE, FL 33314

## New Principal Place of Business:

3312 N. OCEAN DRIVE  
FORT LAUDERDALE, FL 33308

## Current Mailing Address:

2801 SW 73TH WAY #1710  
DAVIE, FL 33314

## New Mailing Address:

3312 N. OCEAN DRIVE  
FORT LAUDERDALE, FL 33308

FEI Number: 65-1122442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLETTI, KELLY A  
2801 SW 73TH WAY #1710  
DAVIE, FL 33314

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COLETTI, KELLY A  
Address: 3802 W. LAKE ESTATE DR.  
City-St-Zip: DAVIE, FL 33328

Title: V ( ) Delete  
Name: VILLALOBOS, ELDA R  
Address: 3802 W. LAKE ESTATE DR.  
City-St-Zip: DAVIE, FL 33328

Title: T ( ) Delete  
Name: COLETTI, RONALD R  
Address: 3802 W LAKE ESTATE DR  
City-St-Zip: DAVIE, FL 33328

Title: S ( ) Delete  
Name: COLETTI, RANIERY S  
Address: 3802 W LAKE ESTATE DR  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KELLY COLETTI

P

07/14/2004

Electronic Signature of Signing Officer or Director

Date