

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071572

Entity Name: AMALFITEC FEDERAL, INC.

FILED  
Apr 11, 2005  
Secretary of State

**Current Principal Place of Business:**

1490 WEST STATE RD 84  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

5150 NW 109TH AVE  
SUNRISE, FL 33351

**Current Mailing Address:**

1490 WEST STATE RD 84  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

5150 NW 109TH AVE  
SUNRISE, FL 33351

FEI Number: 65-1122788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE CORDOVA, MONICA F  
5137 N.W. 102 COURT  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

DE CORDOVA, MONICA F  
856 STANTON DR  
WESTON, FL 33326 US

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

04/11/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DE CORDOVA, MONICA F  
Address: P.O BOX 22477  
City-St-Zip: FORTLAUDERDALE, FL 33335

Title: V ( ) Delete  
Name: KIRRISH, KHALIL K  
Address: P.O BOX 22477  
City-St-Zip: FORTLAUDERDALE, FL 33335

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DE CORDOVA, MONICA F  
Address: 856 STANTON DR  
City-St-Zip: WESTON, FL 33326

Title: V (X) Change ( ) Addition  
Name: KIRRISH, KHALIL K  
Address: 856 STANTON  
City-St-Zip: WESTON, FL 33326

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: KHALIL K KIRRISH

Electronic Signature of Signing Officer or Director

V

04/11/2005

Date