

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90480 003 ***150.00

DOCUMENT # P01000072263

1. Entity Name
AMCORE INTERNATIONAL TRADING, INCORPORATED



94066049

Principal Place of Business - Mailing Address
**511 CONROY ST.
ORLANDO, FL 32805**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03182004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1138334** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGUEIRA, WALESKA A
511 CONROY ST.
ORLANDO, FL 32805**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **REGVEIRA, WALESKA A**
STREET ADDRESS **511 CONROY ST.**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **P** ☒ Change ☐ Addition
NAME **REGUEIRA, WALESKA A.**
STREET ADDRESS **511 CONROY ST**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☐ Delete
NAME **REGVEIRA, RICHARDO L**
STREET ADDRESS **511 CONROY ST.**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **V/D** ☒ Change ☐ Addition
NAME **REGUEIRA, RICARDO L**
STREET ADDRESS **511 CONROY ST**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 not empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/04 4076488366
Date Daytime Phone #