
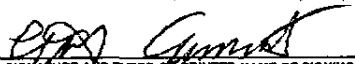


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000084631		
1. Entity Name AMSTER FAMILY INVESTMENTS, INC.		
Principal Place of Business 3945 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160		Mailing Address 3945 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AMSTER, ETHEL 3945 NE 167 ST NORTH MIAMI BEACH, FL 33160		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	AMSTER, ETHEL	
STREET ADDRESS	3945 N.E. 167TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
SIGNATURE: 		Date 3/26/06 Daytime Phone # 305 944 8206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1141026** Applied For
Not Applicable

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

000000483785
04/12/06-80014-003 150.00

**DO NOT WRITE
IN THIS SPACE**