


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000090896  
 1. Entity Name  
**AMAGI HOLDINGS CORPORATION**



Principal Place of Business      Mailing Address  
**601 BRICKELL KEY DR., STE. 201**      **601 BRICKELL KEY DR., STE. 201**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



02032006    No Chg-P    CRZE034 (11/05)

4. FEI Number <b>65-1141904</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUTIERREZ, RENALDY J**  
**601 BRICKELL KEY DR., STE. 201**  
**MIAMI, FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYAU CORDON, MANUEL F 601 BRICKELL KEY DR., STE. 201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AYAU, OLGA D 601 BRICKELL KEY DR., STE. 201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO AYAU GARCIA, MANUEL F 601 BRICKELL KEY DR., STE. 201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY J 601 BRICKELL KEY DR., STE. 201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UN06R1144897D  
 03/09/06-80075-010 150.00

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 latter like empowered.

SIGNATURE: *Renaldy J. Gutierrez*    **RENALDY J. GUTIERREZ**    2-22-06 (305) 577-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #