

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014376

FILED  
Jul 21, 2004  
Secretary of State

Entity Name: AMDR ENTERPRISES INC.

**Current Principal Place of Business:**

4914 W BRONSON HWY  
100  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 771597  
ORLANDO, FL 32877

**New Mailing Address:**

FEI Number: 75-2992302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REINHOLD, MATAY  
3442 AMACA CT  
ORLANDO, FL 32837      US

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REINHOLD, MATAY  
Address: 3442 AMACIA CIR  
City-St-Zip: ORLANDO, FL 32837

Title: VD ( ) Delete  
Name: IOZIA, DARREN  
Address: 4914 W BRONSON APT 100  
City-St-Zip: KISSIMMEE, FL 34746

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

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: DARREN IOZIA

VD

07/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date