

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021325

FILED
Apr 27, 2004
Secretary of State

Entity Name: AMERIONE CORPORATION

Current Principal Place of Business:

802 WEST BLOOMINGDALE AVENUE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1190
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 04-3612445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABUAMAISH, MAJED
802 W. BLOOMINGDALE AVE.
BRANDON, FL 33511 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: ABUIMAISH, GHASSAN
Address: 802 WEST BLOOMINGDALE AVENUE
City-St-Zip: BRANDON, FL 33511

Title: VD () Delete
Name: ABUIMAISH, MAJED
Address: 802 WEST BLOOMINGDALE AVENUE
City-St-Zip: BRANDON, FL 33511

Title: STD () Delete
Name: ABUIMAISH, AMJED
Address: 802 WEST BLOOMINGDALE AVENUE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABUAMAISH, MAJED
Address: P.O. BOX 1190
City-St-Zip: RIVERVIEW, FL 33568

Title: VD (X) Change () Addition
Name: ABUIMAISH, GUS
Address: 8P.O. BOX 1190
City-St-Zip: RIVERVIEW, FL 33568

Title: STD (X) Change () Addition
Name: ABUEMAISH, JED
Address: P.O. BOX 1190
City-St-Zip: RIVERVIEW, FL 33568

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: MAJED ABUAMAISH

PD

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date