

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000024309					
1. Entity Name AMAZON WORLD TRADE, INC.					
Principal Place of Business 8435 REDNOCK LANE MIAMI LAKES FL 33016			Mailing Address 8435 REDNOCK LANE MIAMI LAKES FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0388909	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARIAS, CONSUELO 8435 REDNOCK LANE MIAMI LAKES FL 33016			7. Name and Address of New Registered Agent 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 re-registering)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIAS, CONSUELO 8435 REDNOCK LANE MIAMI LAKES FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000487531 04/13/06-80080-020 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with any other like empowered.