

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000025074					
1. Entity Name AMZAM, INC.					
Principal Place of Business 700 E. BURLEIGH BLVD TAVARES, FL 32778			Mailing Address PO BOX 1744 TAVARES, FL 32778		
2. Principal Place of Business 8001 S. Orange Blossom Trail Suite, Apt. #, etc. 992 B			3. Mailing Address 113 Sagecrest Drive Suite, Apt. #, etc.		
City & State Orlando, Florida			City & State Ocoee, Florida		
Zip 32809		Country U.S.A.		4. FEI Number 01-0644453	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PORTLOCK, DAVID 7345 SANDLAKE RD STE 412 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name: <u>Bharat Parbhoo</u> Street Address (P.O. Box Number is Not Acceptable) 113 Sagecrest Drive City: <u>Ocoee</u> FL Zip Code: <u>34761</u>		
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 reinstating) DATE: _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARBHOO, BHARATKUMAR 700 E. BARLEIGH BLVD TAVARES, FL 32778	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Parbhoo, Bharatkumar 113 Sagecrest Drive Ocoee, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700067944197 03/16/06--01005--025 ***300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

06 MAR -8 AM 11:32

TALLAHASSEE, FLORIDA



03032006 REIN-P CR2E098 (11/05)

05-06