


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>902000035982</u>	
1. Entity Name Amity Real Estate Development Inc.	

FILED
03 SEP 22 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5017 Elpine way		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State palm beach gardens		City & State	
Zip 33418	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3637920		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Amity Kozak	
	Street Address (P.O. Box Number is Not Acceptable) 5017 Elpine way	
	City palm beach gardens	Zip Code FL 33418

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 *Amity Kozak* DATE 9/19/2003
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
P.S.T	<i>Amity Kozak</i>		
STREET ADDRESS	<i>5017 Elpine Way</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Palm Beach Gardens 33418</i>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Amity Kozak* DATE 9/19/2003 DAYLINE PHONE # 561-848-8320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

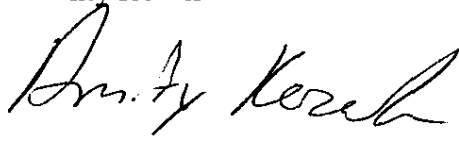
CR2E034B (12/02)

Division of Corporations,

Please wave the reinstatement fee for Amity Real Estate Development Inc. due to never receiving the annual business report form. I have enclosed the \$150.00 for the year.

Thank you,

Amity Kozak

 9/19/03