

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90013 022 ***150.00

DOCUMENT # P02000047869

1. Entity Name
AMC GUNSHOP AND POLICE EQUIPMENT, INC.



Principal Place of Business

**1800 W 68TH STREET
SUITE 125
HIALEAH, FL 33014 US**

Mailing Address

**1800 W 68TH STREET
SUITE 125
HIALEAH, FL 33014 US**

29004000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

75-2999970

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ACUNA, MARIA
14470 SW 43 TERRACE
MIAMI, FL 33175**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ACUNA, MARIA**
STREET ADDRESS **14470 SW 43 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **D** ☐ Delete
NAME **CAMPOAMOR, AMANDO**
STREET ADDRESS **14470 SW 43 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **D** ☐ Delete
NAME **ACUNA, MARIVI M**
STREET ADDRESS **14470 SW 43 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #

8-12-04 305 826 4333



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 9, 2004

AMC GUNSHOP AND POLICE EQUIPMENT, INC.
1800 W 68TH STREET
SUITE 125
HIALEAH, FL 33014 US

SUBJECT: ~~AMC GUNSHOP AND POLICE EQUIPMENT, INC.~~
Ref. Number: P02000047869

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 304A00049311