

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90096 044 ***150.00

DOCUMENT # P02000068319

1. Entity Name
AMANEKER.COM, INC.



Principal Place of Business
**3500 EL CONQUISTADOR PKWY
339
BRADENTON, FL 34210**

Mailing Address
**3500 EL CONQUISTADOR PKWY
339
BRADENTON, FL 34210**

2. Principal Place of Business - No P.O. Box #
9114 17th DR NW
Suite, Apt. #, etc.

3. Mailing Address
9114 17th DR NW
Suite, Apt. #, etc.

City & State
BRADENTON, FL
Zip
34209
Country
U.S.A.

City & State
BRADENTON, FL
Zip
34209
Country
U.S.A.

02052007 Chg-P CR2E034 (12/06)

4. FEI Number
13-4230773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORTES, C. EDUARDO
3500 EL CONQUISTADOR PKWY #339
BRADENTON, FL 34210**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CORTES, C EDUARDO
PO BOX 595
BRADENTON, FL 34206** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALBAN, MARIA C
3500 EL CONQUISTADOR PARKWAY #339
BRADENTON, FL 34210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MRS
MARIA C. ALBAN
9114 17th DR. NW
BRADENTON, FL 34209** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
CRISTOBAL, C. EDUARDO CORTES
9114 17th DR NW
BRADENTON, FL 34209** ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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

3/12/07

Date

Daytime Phone #