

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000070489

Entity Name: AMATHUS PARTNERS, INC.

**FILED**  
**Feb 23, 2005**  
**Secretary of State**

## **Current Principal Place of Business:**

ATTN: SHERYL FRUITMAN  
1911 N.E. 188TH STREET  
NORTH MIAMI BEACH, FL 33179

## **New Principal Place of Business:**

## **Current Mailing Address:**

ATTN: SHERYL FRUITMAN  
1911 N.E. 188TH STREET  
NORTH MIAMI BEACH, FL 33179

## **New Mailing Address:**

FEI Number: 48-1267104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

COHEN, MARK D  
PRESIDENTIAL CIRCLE, STE. 435 SOUTH  
4000 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33021 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FRUITMAN, SHERYL  
Address: 1911 N.E. 188TH ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete  
Name: MEISTER, TALYA  
Address: 1901 N.E. 188TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FRUITMAN, SHERYL  
Address: 1911 N.E. 188TH ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VPD (X) Change ( ) Addition  
Name: MEISTER, TALYA  
Address: 1901 N.E. 188TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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

SIGNATURE: SHERYL FRUITMAN

PRES

02/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date