2004-**FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2004 8:00 am
Secretary of State
08-31-2004 90002 039 ***150.00

DOCUMENT # P02000088191

1. Entity Name
AMSOUTH TRUST & INVESTMENT CORP (2)

DO NOT WRITE IN THIS SPACE

54070962

2. Principal Place of Business	3. Mailing Address
17200 S.W. 149 AVE	17200 S.W. 149 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33187 / Country:	Zip: 33187 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 710904538 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: NANCY GOMEZ
Street Address (P.O. Box Number is Not Acceptable): 17200 S.W. 149 AVE
City: MIAMI FL Zip Code: 33187

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	GOMEZ NANCY	NAME	
STREET ADDRESS	17200 S.W. 149 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

57070962

P02000088191

August 24, 2004

AMSOUTH TRUST & INVESTMENT CORP
17200 S.W. 149 AVE
MIAMI, FL 33187

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS UNINTENTIONAL DUE TO THE FACT THAT I NEVER RECEIVED THE ANNUAL REPORT. IF YOU COULD WAIVE THE LATE FEE, IT WOULD BE KINDLY APPRECIATED.

SINCERELY,

Nancy Gomez

NANCY GOMEZ
DIRECTOR