**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

**SIGNATURE** 

## Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P02000108027 1. Estity Name 04-08-2004 90053 025 \*\*\*150.00 AMAZON DESIGN, INC. APT. Principal Place of Business 16909 NORTH BAY RD #414 806 Mailing Address 909 NORTH BAY RD #444 8-06 54029126 SUNNY ISLES FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 54-2078597 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LLERENA, JUAN D Street Address (P.O. Box Number is Not Acceptable) <del>16909</del> NORTH BAY RD #4#4 806 17 bH SUNNY ISLES FL 33160 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition LLERENA, JUAN D NAME NAME 17011 10909 NORTH BAY RD #417 806 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNY ISLES FL 33160 CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE, NAME! NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

SIGNING OFFICER OR DIRECTOR

FILED

#182000108027

Please change my mailing address 17011 N. BAY RD # 806 Sunny 181es Ft.33160

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