

Apr 28,
Secr

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000121830

1. Entity Name
AMCC CORP.



Principal Place of Business
3550 BISCAYNE BLVD., SUITE 406
MIAMI, FL 33137

Mailing Address
3550 BISCAYNE BLVD., SUITE 406
MIAMI, FL 33137



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1565059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, BONNIE S
9050 PINES BLVD.
SUITE 384
PEMBROKE PINES, FL 33024

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
OP
MELTZER, ANDREW
3550 BISCAYNE BLVD., SUITE 406
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DYST
CRUZ, CARLOS
3550 BISCAYNE BLVD., SUITE 406
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000543645
05/11/06-80002-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 as 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

4/27/06 (305) 573-151
Date Daytime Phone #