

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000124225

1. Entity Name
AMNIA INVESTMENT INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 8:34

Principal Place of Business
2655 LEJUNE RD.
#507
CORAL GABLES, FL 33134

Mailing Address
2655 LEJUNE RD.
#507
CORAL GABLES, FL 33134



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0742331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

URDANETA, JUAN VICENTE
2655 LEJUNE ROAD
#507
CORAL GABLES, FL 33134

**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

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 D
NAME CHACIN DE LANDER, AMNIA
STREET ADDRESS 2655 LEJUNE RD., #507
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE D
NAME LANDER, MANUEL F
STREET ADDRESS 2655 LEJUNE RD., #507
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE D
NAME LANDER, CARLOS A
STREET ADDRESS 2655 LEJUNE RD., #507
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE D
NAME DE TORRES, MARIAS A
STREET ADDRESS 2655 LEJUNE RD., #507
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE D
NAME DE VILLUENDAS, ANNIA
STREET ADDRESS 2655 LEJUNE RD., #507
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600097497006
04/19/07--01003--017 **6758.75

**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 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

Date

Daytime Phone #