

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000007688**

1. Entity Name  
**AMANDIER, INC.**



Principal Place of Business  
**620 S RAINBOW DR  
HOLLYWOOD, FL 33021**

Mailing Address  
**620 S RAINBOW DR  
HOLLYWOOD, FL 33021**



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0145285</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LOPEZ, PATRICIA A  
620 S RAINBOW DR  
HOLLYWOOD, FL 33021**

**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

**000000759157  
05/24/07-80031-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	LOPEZ, PATRICIA A
STREET ADDRESS	620 S RAINBOW DR
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	DVT
NAME	LOPEZ, JOSEPH L
STREET ADDRESS	620 S RAINBOW DR
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: *Patricia A. Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/07* *954-608-6040*  
Date Daytime Phone #