2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000025278

1. Entity Name
AMARILYS BULIT, INC.

Principal Place of Business	Mailing Address
6010 NW 201 LANE	6010 NW 201 LANE
HIALEAH, FL 33015 US	HIALEAH, FL 33015 US

DO NOT WRITE IN THIS SPACE

02272006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
51-0450744	Not Applicable

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

6. Name and Address of Current Registered Agent

BULIT, AMARILYS
6010 NW 201 LANE
HIALEAH, FL 33015

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000517452 05/01/06-90046-011 150.00

10.   **OFFICERS AND DIRECTORS**

TITLE	P
NAME	BULIT, AMARILYS
STREET ADDRESS	6010 NW 201 LANE
CITY-ST-ZIP	HIALEAH, FL 33015
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	
TITLE	
NAME	
STREET ADDRESS	
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: _Amarilys Bulit_ / AmArilys Bulit April 15,06. (305) 625-9940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #