

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031384

**FILED**  
**Jan 16, 2005**  
**Secretary of State**

**Entity Name:** AMAZON INSURANCE CONSULTING, INC.

**Current Principal Place of Business:**

22605 SW 66TH AVE.  
# 409  
BOCA RATON, FL 33428

**New Principal Place of Business:**

16 NE 19TH TERRACE  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

22605 SW 66TH AVE.  
# 409  
BOCA RATON, FL 33428

**New Mailing Address:**

16 NE 19TH TERRACE  
DEERFIELD BEACH, FL 33441

**FEI Number:** 05-0560511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WADA, AIMEE  
22605 SW 66TH AVE.  
# 409  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

WADA, AIMEE PRES  
16 NE 19TH TERRACE  
DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: AIMEE WADA

01/16/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WADA, AIMEE  
Address: 22605 SW 66TH AVE. #409  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WADA, AIMEE  
Address: 16 NE 19TH TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIMEE WADA

P

01/16/2005

Electronic Signature of Signing Officer or Director

Date