


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 026 ***150.00

DOCUMENT # P03000045103	
1. Entity Name AMARO HOMES INC.	

Principal Place of Business 1057 SOUTHDAL RD UNIT B FT. MYERS, FL 33919	Mailing Address 1057 SOUTHDAL RD UNIT B FT. MYERS, FL 33919
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2. Principal Place of Business 3411 SANTA BARBARA BLVD	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State CAPE CORAL, FLA	City & State
Zip 33914	Country USA

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 41-2095182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMARO, NELSON 250-174 STREET STE 810 SUNNY ISLES BCH, FL 33160	
7. Name and Address of New Registered Agent Name AMARO, NELSON Street Address (P.O. Box Number is Not Acceptable) 3411 SANTA BARBARA BLVD. City CAPE CORAL FL Zip Code 33914	

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.

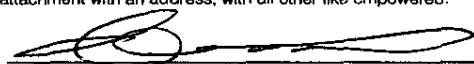
SIGNATURE  DATE **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AMARO, NELSON 250-174 STREET STE 810 SUNNY ISLES BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3411 SANTA BARBARA BLVD CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **4/26/04** 239-541-0121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR