2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P03000096345

Entity Name: AMONRA CORPORATION

Current Principal Place of Business:

3000 NW 42ND AVE
APT. B-508
POMPANO BEACH, FL 33066

New Principal Place of Business:

3815 SW KOCERIK STREET
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

3000 NW 42ND AVE
APT. B-508
POMPANO BEACH, FL 33066

New Mailing Address:

3815 SW KOCERIK STREET
PORT SAINT LUCIE, FL 34953

FEI Number: 20-0197283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

ALEJANDRA, SVIEGODA
3815 SW KOCERIK STREET
PORT SAINT LUCIE, FL 34953 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: ALEJANDRA SVIEGODA 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SVIEGODA, ALEJANDRA
Address: 720 CYPRESS LANE #G
City-St-Zip: POMPANO BEACH, FL 33064

Title: V ( ) Delete
Name: VILLALVA, GUSTAVO
Address: 720 CYPRESS LANE #G
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: SERGIO ALEJO LUCAS A, NDRADE
Address: 720 CYPRESS LANE #G
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SVIEGODA, ALEJANDRA
Address: 3815 SW KOCERIK STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: V (X) Change ( ) Addition
Name: VILLALVA, GUSTAVO
Address: 3815 SW KOCERIK STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEJANDRA SVIEGODA PD 04/26/2005
Electronic Signature of Signing Officer or Director Date