2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# P03000100681

Entity Name: AMIGOS NETWORK ENTERPRISE, INC.

Current Principal Place of Business:

1643 WILD INDIGO TERRACE
OVIEDO, FL 32766

New Principal Place of Business:

1769 EAST BROADWAY
OVIEDO, FL 32765

Current Mailing Address:

1643 WILD INDIGO TERRACE
OVIEDO, FL 32766

New Mailing Address:

1769 EAST BROADWAY
OVIEDO, FL 32765

FEI Number: 04-3773760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TABARES-PAYUMO, SANDRA P
1643 WILD INDIGO TERRACE
OVIDEO, FL 32766 US

Name and Address of New Registered Agent:

TABARES-PAYUMO, SANDRA P
1769 EAST BROADWAY
OVIEDO, FL 32765 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: 07/01/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RIVADENEIRA, EVELYNN
Address: 1461 CANAL CROSS COURT
City-St-Zip: OVIEDO, FL 32766

Title: VP ( ) Delete
Name: TABARES-PAYUMO, SANDRA P
Address: 1643 WILD INDIGO TERRACE
City-St-Zip: OVIEDO, FL 32766

Title: S ( ) Delete
Name: PAYUMO, BYRON
Address: 1643 WILD INDIGO TERRACE
City-St-Zip: OVIEDO, FL 32766

Title: T ( ) Delete
Name: RIVADENEIRA, EDWIN P
Address: 1461 CANAL CROSS COURT
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RIVADENEIRA, EVELYNN
Address: 2265 OAK SHADOW CT
City-St-Zip: OVIEDO, FL 32766

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

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

Title: T (X) Change ( ) Addition
Name: RIVADENEIRA, EDWIN P
Address: 2265 OAK SHADOW CT.
City-St-Zip: OVIEDO, FL 32766

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: EDWIN RIVADENEIRA T 07/01/2005
Electronic Signature of Signing Officer or Director Date