

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90228 043 \*\*\*150.00

DOCUMENT # P03000117605

1. Entity Name  
AMOULA, INC



Principal Place of Business  
8553 NW 47TH ST  
CORAL SPRINGS, FL 33067

Mailing Address  
8553 NW 47TH ST  
CORAL SPRINGS, FL 33067

J0000000



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0356284

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BADREDDINE, LINDA A  
8553 NW 47TH ST  
CORAL SPRINGS, FL 33067

**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 Linda Badreddine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BADREDDINE, LINDA A
STREET ADDRESS	8553 NW 47TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	V
NAME	BADREDDINE, NICK J
STREET ADDRESS	8553 NW 47TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	S
NAME	BADREDDINE, NICK
STREET ADDRESS	8553 NW 47TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
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 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: Linda Badreddine  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05 954 680 7759  
Date Daytime Phone #