2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000117605

1. Entity Name AMOULA, INC



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

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

8553 NW 47TH ST

CORAL SPRINGS, FL 33067



01232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0356284

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 act the obligations of registered agent.								h, and accept
SIGNATURE Line Backschiller Signature, typed or printed name of registered agent and side if applicable (NOTE Registered Agent signature required when reinstating)						/-2 0 7 DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contri		ncing	\$5.00 May Be Added to Fees	U00000 02/06/07-	515435 80071-006	150.00
10. OFFICERS AND DIRECTORS			1	1:	1 1 1	**		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BADREDDINE, LINDA A 8553 NW 47TH ST CORAL SPRINGS, FL 33067							
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07

Date

Daytime Phone #