

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138397

FILED
Apr 30, 2004
Secretary of State

Entity Name: AMALOA ENTERPRISES, INC

Current Principal Place of Business:

4801 NW 72ND AVE
MIAMI, FL 33166

New Principal Place of Business:

11890 SW 8TH ST
SUITE 303
MIAMI, FL 33184

Current Mailing Address:

4801 NW 72ND AVE
MIAMI, FL 33166

New Mailing Address:

11890 SW 8TH ST
SUITE 303
MIAMI, FL 33184

FEI Number: 20-0413563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALERIO VIVAS
4801 NW 72ND AVE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

VAL VIVAS
11890 SW 8TH ST
SUITE 303
MIAMI, FL 33184 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: VAL VIVAS

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOVIL, AMALOA D
Address: 4801 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: VP () Delete
Name: MOVIL, ALEXIS D
Address: 4801 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: TR () Delete
Name: VIVAS, VALERIO
Address: 4801 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR (X) Change () Addition
Name: VIVAS, VAL
Address: 4801 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

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: AMALOA D MOVIL

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date