## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000154996

Entity Name: AMIA CORPORATION

City-St-Zip:

MIAMI, FL 33134

FILED May 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2127 BRICKELL AVE STE 1405 2502 MIAMI, FL 33129 **Current Mailing Address: New Mailing Address:** 2127 BRICKELL AVE STE 1405 2502 MIAMI, FL 33129 FEI Number: 76-0764835 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORTIZ, MICHAEL P.A ORTIZ, MICHAEL P.A. 2121 PONCE DE LEON BLVD STE 330 1430 S. DIXIE HIGHWAY MIAMI, FL 33134 SUITE 321 US MIAMI, FL 33146 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: MICHAEL ORTIZ 05/06/2009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition VARGAS, MIGUEL O Name: Name:

2127 BRICKELL AVE STE 2502 Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: GARCIA, MARIA A Name: 2127 BRICKELL AVE STE 2502 Address: Address: MIAMI, FL 33129 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition ORTIZ, MICHAEL Name: ORTIZ, MICHAEL Name: 2121 PONCE DE LEON BLVD 330 Address: 1430 S. DIXIE HIGHWAY, SUITE 321 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

MIAMI, FL 33146

SIGNATURE: MICHAEL ORTIZ RA 05/06/2009