

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000001035

Entity Name: AMICAL ENTERPRISES, INC.

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

5220 SOUTH UNIVERSITY DR, STE 204C  
DAVIE, FL 33328 US

## **New Principal Place of Business:**

5220 SOUTH UNIVERSITY DR, STE 201C  
DAVIE, FL 33328 US

## **Current Mailing Address:**

PO BOX 822272  
SOUTH FLORIDA, FL 33082 US

## **New Mailing Address:**

FEI Number: 20-0561908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

INTEGRATED SOFTWARE SOLUTIONS, CORP.  
5220 SOUTH UNIVERSITY DR, STE 204C  
DAVIE, FL 33328 US

## **Name and Address of New Registered Agent:**

INTEGRATED SOFTWARE SOLUTIONS, CORP.  
5220 SOUTH UNIVERSITY DR, STE 201C  
DAVIE, FL 33328 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: THEDY BREZAULT

03/09/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: BREZAULT, THEDY  
Address: 5220 SOUTH UNIVERSITY DR, STE 201C  
City-St-Zip: DAVIE, FL 33328 US

Title: T  
Name: BREZAULT, CARLINE  
Address: 5220 SOUTH UNIVERSITY DR, STE 201C  
City-St-Zip: DAVIE, FL 33328 US

I hereby 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 all other like empowered.

SIGNATURE: THEDY BREZAULT

P

03/09/2011

Electronic Signature of Signing Officer or Director

Date