

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90010 007 ***550.00

DOCUMENT # P04000084147

1. Entity Name
ALPACA AMBASSADORS INC.



Principal Place of Business
**14388 208 ST.
O BRIEN, FL 32071**

Mailing Address
**5560 NE 56TH ST
HIGH SPRINGS, FL 32643**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-1172973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMPSON, JOYCE A
20241 SOUTHWEST 103 AVENUE
MIAMI, FL 33189**

Name
Simpson, Joyce A.
Street Address (P.O. Box Number is Not Acceptable)
5560 NE 56 ST.
High Springs, FL 32643
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

7/14/08
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SIMPSON, JOYCE A ☐ Delete
20241 SOUTHWEST 103 AVENUE
MIAMI, FL 33189

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Change ☐ Addition
Simpson, Joyce
5560 NE 56 ST.
High Springs, FL 32643

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
SIMPSON, MICHAEL F
20241 SOUTHWEST 103 AVENUE
MIAMI, FL 33189

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Change ☐ Addition
Simpson, Michael
5560 NE 56 ST.
High Springs, FL 32643

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby 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:

Joyce Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08 **386-454-7139**
Date Daytime Phone #