

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

01-10-2005 90049 013 ***150.00

DOCUMENT # P04000084150
 1. Entity Name
AMARI ENTERPRISES INC.

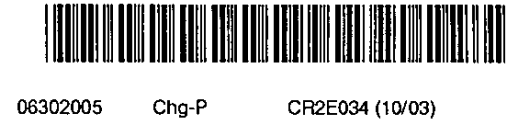


Principal Place of Business Mailing Address
 405 N. OCEAN BLVD. #1905 405 N. OCEAN BLVD. #1905
 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



06302005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-1173289 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
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	Name SANA CHOPOURIAN
	Street Address (P.O. Box Number is Not Acceptable) 405 NO. Ocean Blvd #1905
	City State Zip Code Pompano Beach FL 33062

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees <input type="checkbox"/>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sana Chopourian Date: 7-27-05 Daytime Phone #: 954943-7363

ATTACHMENT

06025322

JENNIE KREITZ ASSOCIATES, INC.
441 SOUTH STATE ROAD 7 SUITE 15
MARGATE, FLORIDA 33068
954-984-1600

JULY 27, 2005

REF: AMARI ENTERPRISES, INC.

P04000084150

PLEASE FIND ENCLOSED A COPY OF THE CANCELLED CHECK FOR PAYMENT IN FULL, FOR THE CORPORATION ANNUAL FEE, FOR AMARI ENTERPRISES, INC.

THANK YOU,



JENNIE KREITZ
ACCOUNTANT FOR AMARI, INC.

ATTACHMENT A MAR 1 66025322

Page 89

FROM: 3052316736

TO: BANKUNITED POMPANO 07-05-05 10:25

Item Viewer-Details

PO 400084150

Web Client-NetImage BankUnited

Find
Clear
Print
Log Off

Account Number	349011273	Tracer Number	2000010000840
Amount	150.00	Account Type	Demand Deposit
Posting Date	01/19/2005	Item Type	Debit
Check Number	1269	Item Status	Posted
TranCode	0	Archived	
Routing Number	267090594		

Item 141 of 235 View Query Results View Front View Back View Front AND Back

Rebuild Transaction Previous SEQ-Next SEQ

SENIOR HOME HEALTH ASSOCIATION, INC 20001188 1269

DATE 1-6-05

PAY TO THE ORDER OF Florida Department of State \$ 150.00

One hundred and Fifty DOLLARS

BankUnited

1313 North Ocean Blvd. • Pompano Beach, Florida 33062
1-877-778-2265 • www.bankunit.com

FOR 20473289

Sara Depressian

1034569278
01192005
0630-0019-9
ENR-1437 TSC-1604 PK-1B

JAN 19 2005

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1008692708

~~Home Health Assoc Inc~~