

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000089483

Entity Name: AMALOA DESIGNS INC.

**FILED**  
**Mar 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

371 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

371 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1226252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BONVECCHIO, BRUNA  
7835 SW 85 CT  
MIAMI, FL 33143 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BONVECCHIO, BRUNA  
Address: 7835 SW 85 CT  
City-St-Zip: MIAMI, FL 33143

Title: VP ( ) Delete  
Name: CIVOLANI, LAURA  
Address: 7835 SW 85 CT  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

SIGNATURE: BONVECCHIO BRUNA

P

03/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date