

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 PM 1:09



07012005 Chg-P CR2E034 (10/03)

| | | | |
|--|---|--|--|
| DOCUMENT # P04000113221 1. Entity Name AMIGAR INVESTMENT GROUP, CORP. | | | |
| Principal Place of Business 10341 S.W. 168th Street Miami FL 33157-4231 | | Mailing Address 10341 S.W. 168th Street Miami FL 33157-4251 | |
| 2. Principal Place of Business 22720 S.W. 179 Avenue Suite, Apt. #, etc. | | 3. Mailing Address 22720 S.W. 179th Avenue Suite, Apt. #, etc. | |
| City & State Miami Florida | | City & State Miami Florida | |
| Zip 33170-3613 Country U.S.A. | | Zip 33170-3613 Country U.S.A. | |
| 4. FEI Number 54-2157101 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent GARCIA, JULIO C. 10341 S.W. 168th Street Miami Florida 33157-4251 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22720 S.W. 179th Avenue City Miami FL Zip Code 33170-3613 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GARCIA, JULIO C. 10341 SW 168 St Miami FL 33157 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP AMIGO, IBIS 10341 SW 168 St Miami FL 33157 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600058694786 08/17/05--01041--008 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 22720 S.W. 179th Ave Miami Florida 33170-3613 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 22720 S.W. 179th Ave Miami Florida 33170-3613 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 22720 S.W. 179th Ave Miami Florida 33170-3613 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>IBIS AMIGO</i> | | IBIS AMIGO, VICE-PRES. 8/4/2005 (305)362-9139 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |