2006 FOR PROFIT CORPORATION ANNUAL REPORT



Mar 20, 2006 8:00 am Secretary of State

FILED

DOCUMENT # P04000113221 1. Entity Name AMIGAR INVESTMENT GROUP, CORP.						03-20-2006 90003 016 ***150.00					
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Principal Place of Business Mailing Address						1					
22720 S.W. 179 AVENUE			22720 S.W. 179 AVENUE								
MIAMI, FL 33170-3613			MIAMI, FL 33170-3613								
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2 Principal Pl	are of Business		3. Mailing Address			-					
2. Principal Place of Business			3. Maining Address				OKU BIZIH OANI BANI AANI	! # 100 1 U 1 			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03152006	Chg-P	CR2E034	4 (11/05)		
City & State			City & State	City & State			101			plied For t Applicable	
Zip Country		Country	Zip	Cour	ntrv	\$9.75 Addit					
2.6	2.15		. "		,	5. Certificate of Status Desired Fee Required					
6. Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent					
	- 20. Walle un	- Mudicas di Galitan	tt rogiotorou Agent		Name	· · · · ·	1001033 07 11017 11	ogister co Ag	01112		
GARICA, J	IUHO C				Idanic						
22720 S.W. 179 AVENUE			•	Stre			dress (P.O. Box Number is Not Acceptable)				
	33170-3613										
,											
			•	•					Zip Code	<u></u>	
					City			FL	2.0000	•	
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.											
NO. WELLER											
SIGNATURE											
	-	 									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
		ee will be \$550		Contribution.		ded to Fees					
10.		OFFICERS AN	D DIRECTORS 11			ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE	PD		☐ Delete	TITL	.E				Change	Addition	
NAME	GARCIA, JUI				AE [
STREET ADDRESS	22720 S.W.				EET ADORESS						
CITY-ST-ZIP	MIAMI, FL 3	31703613		CIT	/-ST-ZIP						
TITLE	VD		☐ Delete	TITU	.ε				☐ Change	Addition	
NAME	AMIGO, IBIS			NAM	AE						
STREET ADDRESS	22720 S.W.	179 AVENUE		STR	EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 3	31703613		CITY	Y-ST-ZIP						
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NAME	1			NAJ	νE)					_ }	
STREET ADDRESS				STR	EET ADDRESS						
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CITY-ST-ZIP					Y-ST-ZIP						
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12. I hereby certify that the information supplied with this filling 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 allighter like empowered.											