2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2005 8:00 am Secretary of State DOCUMENT # P04000123242 1. Entity Name 05-04-2005 90141 029 ***150.00 AMIGOMONEY, INC. Principal Place of Business Mailing Address 210 174TH ST., UNIT 806 SUNNY ISLES BEACH FL 33160 210 174TH ST., UNIT 806 SUNNY ISLES BEACH FL 33160 2. Principal Place of Business 3. Mailing Address 800 Brickell 800 Brickell Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4th Floor 4th F City & State City & State 4. FEI Number Applied For Miam Miami 201557298 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 <u>33131</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, DIANA RODRIGUEZ, DIANA E J.D. 210 174TH ST., UNIT 806 Box Number is Not Acceptable) SUNNY ISLES BEACH FL 33160 Miani entity submits this 8. The above nam 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 obligation egistered age SIGNATURE NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. President Jorge Rymoso TITLE Delete TITLE Change ☐ Addition REYNOSO, JORGE NAME NAME 500 Brickell Ne 4th F STREET ADDRESS 210 174TH ST., UNIT 806 STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP CITY-ST-7IP Miami FI TITLE ☐ Delete TITLE Secretary Diana & Rodriguez Ess Change Addition NAME NAME 800 Brickey Ave 4th Fl STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lani TITLE ☐ Delete TITLE VI ce president Change ☐ Addition Rudy Rodriguez 600 BrickellAve NAME NAME YHAFI SLREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami FI Treasurer Lorena Fabian TITLE ☐ Detete TITLE - Change ☐ Addition NAME NAME 800 Brickell Ave WH F) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miani Florida 33131 THIE ☐ Defete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information 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 for trustee employered 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 w all other like SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED