


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90011 027 \*\*\*150.00

<b>DOCUMENT # P04000137801</b>	
1. Entity Name <b>AMBASSA HOLDINGS, INC.</b>	

Principal Place of Business <b>5750 N BAY ROAD MIAMI BEACH, FL 33140</b>	Mailing Address <b>5750 N BAY ROAD MIAMI BEACH, FL 33140</b>
---	---

**30011774**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1732568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DE BERDOUARE, CHRISTIAN 5750 N BAY ROAD MIAMI BEACH, FL 33140</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DE BERDOUARE, CHRISTIAN 5750 N BAY ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:**  **2/1/2005 305-892-7878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
**50011774**  
**Division of Corporations**

**Annual Report**

The following is a review of the changes you are making for the filing of your Annual Report. Please verify the information for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

<b>Document Number</b>	P04000137801
<b>Business Entity Name</b>	AMBASSA HOLDINGS, INC.
<b>FEI Number</b>	650558798
<b>FEI Number Status</b>	Current
<b>Certificate of Status Desired</b>	No
<b>Election Campaign Financing Trust Fund Contribution</b>	No

**Principal Place of Business**

<b>Address</b>	5750 N BAY ROAD
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	MIAMI BEACH, FL
<b>Zip Code &amp; Country</b>	33140

**Mailing Address**

<b>Address</b>	5750 N BAY ROAD
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	MIAMI BEACH, FL
<b>Zip Code &amp; Country</b>	33140

**Name And Address of Registered Agent**

<b>Name (Last, First, Middle, Title)</b>	DE BERDOUARE, CHRISTIAN
<b>Address</b>	5750 N BAY ROAD
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	MIAMI BEACH, FL
<b>Zip Code &amp; Country</b>	33140 US
<b>Registered Agent Signature</b>	DE BERDOUARE, CHRISTIAN

**Officer/Director Name And Address**

<b>Title</b>	PSTD
<b>Name (Last, First, Middle, Title)</b>	DE BERDUARE, CHRISTIAN
<b>Street Address</b>	5750 N BAY ROAD
<b>City, State</b>	MIAMI BEACH, FL
<b>Zip Code &amp; Country</b>	33140
<b>Title</b>	PSTD