


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90224 013 \*\*\*150.00

<b>DOCUMENT # P04000145496</b> 1. Entity Name <b>AMERI - PRIDE, INC.</b>																																																																																																					
Principal Place of Business <b>1799 N HIGHLAND AVE STE 144Q CLEARWATER, FL 33755</b>			Mailing Address <b>1799 N HIGHLAND AVE STE 144Q CLEARWATER, FL 33755</b>																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		Zip																																																																																																	
Country		Country		4. FEI Number <b>01-0642885</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																					
6. Name and Address of Current Registered Agent  <b>SHEHU, FATBARDH 1799 N HIGHLAND AVE STE 144Q CLEARWATER, FL 33755</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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>																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;"><b>Pres. Fatbardh Shehu</b></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;"><b>1799 N Highland Avenue Ste 144Q Clearwater, Fl. 33755</b></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	<b>Pres. Fatbardh Shehu</b>					CITY-ST-ZIP	<b>1799 N Highland Avenue Ste 144Q Clearwater, Fl. 33755</b>					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																
STREET ADDRESS	<b>Pres. Fatbardh Shehu</b>																																																																																																				
CITY-ST-ZIP	<b>1799 N Highland Avenue Ste 144Q Clearwater, Fl. 33755</b>																																																																																																				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
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.																																																																																																					
<b>SIGNATURE: X</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																																					

