

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90049 032 ***150.00

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1. Entity Name
AMBIENT CORPORATION



Principal Place of Business
**17 SILVER SWAN COURT
KISSIMMEE, FL 34743**

Mailing Address
**17 SILVER SWAN COURT
KISSIMMEE, FL 34743**

00060519



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022005

Chg-P

CR2E034 (10/03)

4. FEI Number

562493899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDEZ, ALVARO E
17 SILVER SWAN COURT
KISSIMMEE, FL 34743**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MENDEZ, ALVARO E
17 SILVER SWAN COURT
KISSIMMEE, FL 34743** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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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:

Alvaro E. Mendez

ALVARO E. MENDEZ

08/03/05

(407) 398-5145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Aug. 02, 2005

PO4020151216
50060579

To whom it may concern

About a week ago I spoke with my new CPA that is helping me start my new corporation in regards of your "notice of intent to dissolve". I didn't know what it was or meant. After telling me what it was I called Florida Dept of State Div. of Corp. told them that it was the only notice I had received; I never received the first notice and because of first time didn't know that had to file. I was told to send \$150⁰⁰ and the form.

My mail has been very complicated this past 8 months, I've gone through open heart surgery and out of the Country for 5 weeks.

Sincerely

U. 

ALVARO R. MENDEZ