

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90016 033 ***150.00

40040300



02182005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1848815** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P04000152046

1. Entity Name
AMAURI CONTRACTING SERVICES, INC.



Principal Place of Business
**10236 BOCA ENTRADE BLVD STE 232
BOCA RATON, FL 33428**

Mailing Address
**10236 BOCA ENTRADE BLVD STE 232
BOCA RATON, FL 33428**

2. Principal Place of Business
10236 BOCA ENTRADA BLVD

Suite, Apt. #, etc.
Suite 232

City & State
BOCA RATON, FLORIDA

Zip
33428

Country

3. Mailing Address
10236 BOCA ENTRADA BLVD

Suite, Apt. #, etc.
Suite 232

City & State
BOCA RATON, FLORIDA

Zip
33428

Country

6. Name and Address of Current Registered Agent
**TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	DPS DE ASSIS FARIA, AMAURI 10236 BOCA ENTRADE BLVD STE 232 BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: AMAURI DE ASSIS FARIA - PRESIDENT **02/18/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #