

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

02-28-2005 90250 001 ***150.00
02-28-2005 90250 002 *****8.75

DOCUMENT # P04000154208			
1. Entity Name AMCOM CORP.			
Principal Place of Business 10770 WASHINGTON STREET APT. 203 PEMBROKE PINES, FL 33025 US		Mailing Address 10770 WASHINGTON STREET APT. 203 PEMBROKE PINES, FL 33025 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02012005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-2109941		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	
ACTIVE FILINGS LLC 10651 NE 11 COURT MIAMI SHORES, FL 33138		Name HILSIA FERNANDEZ FIGUEROA Street Address (P.O. Box Number is Not Acceptable) 10770 WASHINGTON ST. Suite # 203 City PEMBROKE PINES FL Zip Code 33025	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when re-registering)		DATE 02/23/05	
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	D ☐ Delete COLOMBO, FRANKLIN URB. MONTALBAN III, C.C. CARACAS PISO 3 26 CARACAS, DC 1020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete FERNANDEZ FIGUEROA, HILSIA 13702 NW 4TH ST. APT 106 PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 02/23/05 x 954-431-7022 Daytime Phone #	

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