


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90106 046 ***150.00

DOCUMENT # P04000162953 1. Entity Name AMARO PROPERTY ENTERPRISES CORPORATION																																																												
Principal Place of Business 8320 MEREDITH TERRACE HIALEAH, FL 33016			Mailing Address 8320 MEREDITH TERRACE HIALEAH, FL 33016																																																									
2. Principal Place of Business 8320 MENTEITH TERRACE Suite, Apt. #, etc.		3. Mailing Address 8320 MENTEITH TERRACE Suite, Apt. #, etc.																																																										
City & State MIAMI LAKES FL Zip 33016		City & State MIAMI LAKES FL Zip 33016		4. FEI Number 68-0603189																																																								
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																								
6. Name and Address of Current Registered Agent AMARO, FLORENTINO 8320 MEREDITH TERRACE HIALEAH, FL 33016			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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>D</td> <td>AMARO, FLORENTINO</td> <td>8320 MENTEITH TERRACE</td> <td></td> </tr> <tr> <td></td> <td></td> <td>MIAMI LAKES, FL</td> <td>33016</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>		D	AMARO, FLORENTINO	8320 MENTEITH TERRACE				MIAMI LAKES, FL	33016		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-19-06 305-321-8529 <small>Date Daytime Phone #</small>																																																									