2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000005220

11014 WESTWOOD DR

MIAMI, FL 33165

Address:

City-St-Zip:

Entity Name: AHI-NA MA INC

FILED Feb 24, 2009 Secretary of State

Littly Nai	ille. Al II-NA	WATING.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9445 FONTAINE BLEAU BLVD SUITE 212 MIAMI, FL 33172			11014 WESTWOOD MIAMI, FL 33165	11014 WESTWOOD LAKE DR MIAMI, FL 33165	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
9445 FONTAINE BLEAU BLVD SUITE 212 MIAMI, FL 33172			11014 WESTWOOD I MIAMI, FL 33165	11014 WESTWOOD LAKE DR MIAMI, FL 33165	
FEI Number:	: 11-3739288	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LEDON, FERNANDO 9445 FONTAINE BLEAU BLVD SUITE 212 MIAMI, FL 33172 US			11014 WESTWOOD I	LEDON, FERNANDO 11014 WESTWOOD LAKE DR MIAMI, FL 33165 US	
	named entity e of Florida.	submits this statement for the po	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				02/24/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VELIZ, GREG	H STREET, APT. #403	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRUJILLO, MA	S AVENUE APT. #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CABRERA, YU 13332 SW 60' MIAMI, FL 33	TH TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (LEDON, FERN) Delete IANDO	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GREGORY VELIZ P 02/24/2009