


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                      |                                 |                                                                                                                                      |                                                                                                                    |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P05000026305</b>                                                                                                                                                                                                |                      |                                 |                                                                                                                                      |                                   |                                                                   |
| 1. Entity Name<br><b>AMARO'S APARTMENTS, INC.</b>                                                                                                                                                                             |                      |                                 |                                                                                                                                      |                                                                                                                    |                                                                   |
| Principal Place of Business<br><b>4665 WEST 8TH AVENUE<br/>HIALEAH FL 33012</b>                                                                                                                                               |                      |                                 | Mailing Address<br><b>4665 WEST 8TH AVENUE<br/>HIALEAH FL 33012</b>                                                                  |                                                                                                                    |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                      |                                 | 3. Mailing Address                                                                                                                   |                                                                                                                    |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                      |                                 | Suite, Apt. #, etc.                                                                                                                  |                                                                                                                    |                                                                   |
| City & State                                                                                                                                                                                                                  |                      |                                 | City & State                                                                                                                         |                                                                                                                    |                                                                   |
| Zip                                                                                                                                                                                                                           | Country              | Zip                             | Country                                                                                                                              | 4. FEI Number <b>20-2526372</b><br>Applied For <input type="checkbox"/><br>Not Applicable <input type="checkbox"/> |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                               |                      |                                 |                                                                                                                                      |                                                                                                                    |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>AMARO, MANUEL M<br/>4665 WEST 8TH AVENUE<br/>HIALEAH FL 33012</b>                                                                                                   |                      |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when not filing by)</small> DATE _____                                              |                      |                                 |                                                                                                                                      |                                                                                                                    |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                      |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees               |                                                                                                                    |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                                    |                                                                   |
| TITLE                                                                                                                                                                                                                         | D                    | <input type="checkbox"/> Delete | TITLE                                                                                                                                | U00000800571                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | AMARO, MANUEL M      |                                 | NAME                                                                                                                                 | 01/31/08-80022-019 150.00                                                                                          |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                | 4665 WEST 8TH AVENUE |                                 | STREET ADDRESS                                                                                                                       |                                                                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   | HIALEAH FL 33012     |                                 | CITY-ST-ZIP                                                                                                                          |                                                                                                                    |                                                                   |
| TITLE                                                                                                                                                                                                                         | VP                   | <input type="checkbox"/> Delete | TITLE                                                                                                                                |                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | AMARO, MODESTA       |                                 | NAME                                                                                                                                 |                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                | 4665 WEST 8TH AVENUE |                                 | STREET ADDRESS                                                                                                                       |                                                                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   | HIALEAH FL 33012     |                                 | CITY-ST-ZIP                                                                                                                          |                                                                                                                    |                                                                   |
| TITLE                                                                                                                                                                                                                         |                      | <input type="checkbox"/> Delete | TITLE                                                                                                                                |                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                      |                                 | NAME                                                                                                                                 |                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                      |                                 | STREET ADDRESS                                                                                                                       |                                                                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                      |                                 | CITY-ST-ZIP                                                                                                                          |                                                                                                                    |                                                                   |
| TITLE                                                                                                                                                                                                                         |                      | <input type="checkbox"/> Delete | TITLE                                                                                                                                |                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                      |                                 | NAME                                                                                                                                 |                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                      |                                 | STREET ADDRESS                                                                                                                       |                                                                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                      |                                 | CITY-ST-ZIP                                                                                                                          |                                                                                                                    |                                                                   |
| TITLE                                                                                                                                                                                                                         |                      | <input type="checkbox"/> Delete | TITLE                                                                                                                                |                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                      |                                 | NAME                                                                                                                                 |                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                      |                                 | STREET ADDRESS                                                                                                                       |                                                                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                      |                                 | CITY-ST-ZIP                                                                                                                          |                                                                                                                    |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **MANUEL AMARO** 1/23/08 305-554-8087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR