2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000043706

Entity Name: AMAY'S CARINDERIA & CATERING, INC.

FILED Nov 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7759 JOHNSON STREET

PEMBROKE PINES, FL 33021 US

Current Mailing Address: New Mailing Address:

7759 JOHNSON STREET

PEMBROKE PINES, FL 33021 US

FEI Number: 20-2544909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KING, MARK 5353 NORTH FEDERAL HIGHWAY SUITE 207

FORT LAUDERDALE, FL 33308 US

CARLOS, CASTRO A 7763 JOHNSON STREET PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: CARLOS A CASTRO

CARLOS A CASTRO 11/18/2006

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: D () Delete Title: P (X) Change () Addition Name: RIMPOS, GRACE Name: RIMPOS, IRENEO

 Name:
 RIMPOS, GRACE
 Name:
 RIMPOS, IRENEO

 Address:
 2436 SW 103 AVENUE
 Address:
 2436 SW 103 AVENUE

 City-St-Zip:
 MIRAMAR, FL 33025 US
 City-St-Zip:
 MIRAMAR, FL 33025 US

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 RIMPOS, IRÊNEO
 Name:
 RIMPOS, GRACE

 Address:
 2436 SW 103 AVENUE
 Address:
 2436 SW 103 AVENUE

 City-St-Zip:
 MIRAMAR, FL 33025 US
 City-St-Zip:
 MIRAMAR, FL 33025 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 MONES II, EÙGÉNE
 Name:

 Address:
 2480 SW 103 AVENUE
 Address:

 City-St-Zip:
 MIRAMAR, FL 33025 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 MONES, JOCELYN
 Name:

 Address:
 2480 SW 103 AVENUE
 Address:

 City-St-Zip:
 MIRAMAR, FL 33025 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RIMPOS IRENEO P 11/18/2006