
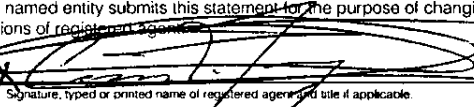
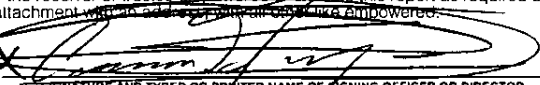


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90045 012 \*\*\*158.75

<b>DOCUMENT # P05000127127</b> 1. Entity Name <b>AMAZON INSTALLERS CORP</b>					
Principal Place of Business <b>9302 LONG STONE CT. TAMPA, FL 33615 US</b>			Mailing Address <b>9302 LONG STONE CT. TAMPA, FL 33615 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-3469944</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				08292008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ANTUNES, CELSO D 9106 POST OAK CT TAMPA, FL 33615</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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:  (NOTE: Registered Agent signature required when reinstating)      DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTUNES, CELSO D <del>9106 POST OAK CT</del> <b>9302 Long Stone Ct.</b> <del>TAMPA, FL 33615</del> <b>Tampa, FL 33615</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Antunes, Celso D.</b> <b>9302 Long Stone Ct., Tampa, FL 33615</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTUNES, CELSO D <del>9106 POST OAK CT</del> <b>9302 Long Stone Ct.</b> <del>TAMPA, FL 33615</del> <b>Tampa, FL 33615</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ANTUNES, CELSO D <del>9106 POST OAK CT</del> <b>9302 Long Stone Ct.</b> <del>TAMPA, FL 33615</del> <b>Tampa, FL 33615</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ANTUNES, CELSO D <del>9106 POST OAK CT</del> <b>9302 Long Stone Ct.</b> <del>TAMPA, FL 33615</del> <b>Tampa, FL 33615</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE ANTUNES, CELSO D <del>9106 POST OAK CT</del> <b>9302 Long Stone Ct.</b> <del>TAMPA, FL 33615</del> <b>Tampa, FL 33615</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ANTUNES, CELSO D <del>9106 POST OAK CT</del> <b>9302 Long Stone Ct.</b> <del>TAMPA, FL 33615</del> <b>Tampa, FL 33615</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or name change.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					