

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90310 048 ***150.00

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DOCUMENT # P05000148570 1. Entity Name AMBER IMPORTS & DISTRIBUTION, INC.																			
Principal Place of Business 799 RICH DRIVE SUITE 201 DEERFIELD BEACH, FL 33442 US			Mailing Address 799 RICH DRIVE SUITE 201 DEERFIELD BEACH, FL 33442 US																
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>C/O QB ACCOUNTING</i> Suite, Apt. #, etc. <i>SUITE 251</i> <i>4471 NW 36th STREET</i> City & State <i>MIAMI, FL</i> Zip <i>33166</i> Country																	
4. FEI Number Chg-P CR2E034 (11/05)			Applied For <input type="checkbox"/> Not Applicable																
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent AMBER, TULIH 799 RICH DRIVE SUITE 201 DEERFIELD BEACH, FL 33442																
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
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															
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%; padding: 2px;"> PRES AMBER, TULIH 799 RICH DRIVE - SUITE 201 DEERFIELD BEACH, FL 33442 <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES AMBER, TULIH 799 RICH DRIVE - SUITE 201 DEERFIELD BEACH, FL 33442 <div style="text-align: right;"><input type="checkbox"/> Delete</div>												
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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: <u><i>Tulih</i></u> Date: <u>5/10/2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>																			