

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000148570

1. Entity Name
AMBER IMPORTS & DISTRIBUTION, INC.



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

05-08-2006 90310 048 ***150.00

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	3. Mailing Address <i>C/O QB ACCOUNTING</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>SUITE 251 4471 NW 36TH STREET</i>
City & State	City & State <i>MIAMI, FL</i>
Zip	Zip <i>33166</i>
Country	Country

05012006 Chg-P CR2E034 (11/05)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired **\$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
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES AMBER, TULIH 799 RICH DRIVE - SUITE 201 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *Tulih*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2005

Date

Daytime Phone #