


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000165738		
1. Entity Name AMERILIDERES.CORP		

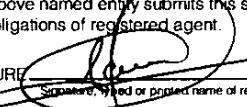
Principal Place of Business 2450 WEST 56 ST APTO 4 HIALEAH, FL 33106	Mailing Address 2450 WEST 56 ST APTO 4 HIALEAH, FL 33106
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2. Principal Place of Business - No P.O. Box # 7370 West 29th Ave	3. Mailing Address 7370 West 29th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah - FL	City & State Hialeah - FL
Zip 33018	Country USA
Zip 33018	Country USA

6. Name and Address of Current Registered Agent GARCIA, JOSE E 2450 WEST 56 ST APTO 4 HIALEAH, FL 33106	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7370 West 29th Ave City Hialeah FL Zip Code 33018	
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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. X SIGNATURE  (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, JOSE E 2450 WEST 56 ST APTO 4 HIALEAH, FL 33106 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP QUESADA, YOMAIDA 7467 NW 33 ST LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, GUSTAVO 7467 NW 33 ST LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Erasmo Garcia Benavides 7370 West 29th Ave. Hialeah FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Yomaida Quesada 7467 NW 33 ST Lauder Hill, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered. X SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
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FILED

07 JAN 10 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007 Chg-P CR2E034 (12/06) 07

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

300084735863
01/17/07--01028--026 **150.00