

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000139143

Entity Name: AMORES, CORP.

**FILED**  
**Aug 21, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

4125 CLEVELAND AVE  
FORT MYERS, FL 33901

## **New Principal Place of Business:**

2660 8TH AVE SE  
NAPLES, FL 34117

## **Current Mailing Address:**

2529 NW 19TH AVE  
CAPE CORAL, FL 33993

## **New Mailing Address:**

2660 8TH AVE SE  
NAPLES, FL 34117

FEI Number: 20-5826251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MACHADO, ROBERTO  
490 NE 3 CT  
CAPE CORAL, FL 33909 US

## **Name and Address of New Registered Agent:**

REYES, BARBARA M D.P  
2660 8TH AVE SE  
NAPLES, FL 34117 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: BARBARA REYES

08/21/2008

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MACHADO, ROBERTO  
Address: 2529 NW 19TH AVE  
City-St-Zip: CAPE CORAL, FL 33993

Title: DV ( ) Delete  
Name: MACHADO, GIRALDO  
Address: 490 NE CT  
City-St-Zip: CAPE CORAL, FL 33909

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: REYES, BARBARA  
Address: 2660 8TH AVE SE  
City-St-Zip: NAPLES, FL 34117

Title: VP (X) Change ( ) Addition  
Name: REYES, BARBARA M VP  
Address: 2660 8TH AVE SE  
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA REYES

DP

08/21/2008

Electronic Signature of Signing Officer or Director

Date