

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000033059

1. Entity Name
AMANEKER HOME CORP.



FILED
08 FEB -4 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9010 SW 17 TERRACE
MIAMI, FL 33165

Mailing Address
9010 SW 17 TERRACE
MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008

Chg-P

CR2E034 (12/06)

4. FEI Number

51-0632672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAVAREZ, ANA
9010 SW 17 TERRACE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name Norman Baltodano

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME TAVAREZ, ANA
STREET ADDRESS 9010 SW 17 TERRACE
CITY-ST-ZIP MIAMI, FL 33165

☐ Delete

TITLE S
NAME MENDOZA, ROSA
STREET ADDRESS 9010 SW 17 TERRACE
CITY-ST-ZIP MIAMI, FL 33165

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Norman Baltodano
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #