

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051318

Entity Name: AMA 2, CORP.

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

5875 SW 41ST STREET, SUITE D7  
DAVIE, FL 33314

**New Principal Place of Business:**

5875 SW 41ST STREET, SUITE C-2  
DAVIE, FL 33314

**Current Mailing Address:**

5875 SW 41ST STREET, SUITE D7  
DAVIE, FL 33314

**New Mailing Address:**

5875 SW 41ST STREET, SUITE C-2  
DAVIE, FL 33314

FEI Number: 20-8943147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOFIL, JOSEPH K PA  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: AMADOR, ROSSANA  
Address: 5875 SW 41 ST STREET, STE. D7  
City-St-Zip: DAVIE, FL 33314

Title: VPSD ( ) Delete  
Name: AMADOR, VICTOR M  
Address: 5875 SW 41ST STREET, SUITE D7  
City-St-Zip: DAVIE, FL 33314

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

Title: PTD (X) Change ( ) Addition  
Name: GIL, ROSSANA  
Address: 5875 SW 41 ST STREET, STE. C-2  
City-St-Zip: DAVIE, FL 33314

Title: VPSD (X) Change ( ) Addition  
Name: AMADOR, VICTOR M  
Address: 5875 SW 41ST STREET, SUITE C-2  
City-St-Zip: DAVIE, FL 33314

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: ROSSANA GIL

Electronic Signature of Signing Officer or Director

PD

04/27/2009

Date