2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P07000052415



FILED Apr 02, 2008 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVA, MARIA D 19111 COLLINS:AVE #1805 SUNNY ISLES, FL 33160 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 accompanies of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent segnature required when reinstating) PATE PILE NOWILL FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable). City FL Zip Code (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent segnature required when reinstating) DATE 10. OFFICERS AND DIRECTORS IN 11	1. Entity Name AMAZON		VORK, INC.				4	04-02-2008	•	5 ***15	0.00
Suite, Apt. #, etc. Suite, Apt. #, etc. O3312008 Chg-P CR2E034 (12/06) City & State Country Country Country Country Since the Address of Current Registered Agent Name SILVA, MARIA D 19111 COLLINS AVE #1805 SUNNY ISLES, FL 33160 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 Rorida. I am familiar with, and accurate obligations of registered agent. SIGNATURE Signature, typed or protect name of registered agent and take / applicable. Page Required Name 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 Rorida. I am familiar with, and accurate obligations of registered agent. SIGNATURE Signature, typed or protect name of registered agent and take / applicable. (NOTE: Registered Agent signature required when rematating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	19111 COLLI	INS AVE #1	805	19111 COLLINS AVE							
City & State 4. FEI Number 2. C - 0 / 4 / 4 2 9 Applied For Not Applied 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVA, MARIA D 19111 COLLINS AVE #1805 SUNNY ISLES, FL 33160 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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title / applicable. [NOTE: Registered Agent signature required when revisiong) 9. Election Campaign Financing Trust Fund Contribution. 4. FEI Number 5. Certificate of Status Desired 8. Name and Address of New Registered Agent Fee Required 7. Name and Address of New Registered Agent Fee Required 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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title / applicable. [NOTE: Registered Agent signature required when revisition] 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Principal Place of Business - No P.O. Box # 3. Mailing Address										
Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent SILVA, MARIA D 19111 COLLINS AVE #1805 SUNNY ISLES, FL 33160 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 acceptable of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title f applicable. (NOTE: Registered Agent signature required when renstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Suite, Apt.	#, etc.		Suite, Apt. #, etc.		03312008	Chg-P	CR2E034	1 (12/06)		
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TITLE D Delete TITLE Change Add NAME SANTOS, ROSANA M NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <td>NAME STREET ADDRESS</td> <td>SANTOS</td> <td>1 WAY #208</td> <td></td> <td>name Street ado</td> <td>4</td> <td></td> <td></td> <td>I</td> <td>_ Change</td> <td>Addition</td>	NAME STREET ADDRESS	SANTOS	1 WAY #208		name Street ado	4			I	_ Change	Addition
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TITLE NAME NAME STREET ADDRESS CITY-S1-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	NAME STREET ADDRESS CITY-ST-ZIP	0.0016.45-4-1	o information a smaller		NAME STREET ADD CITY-S1-ZI	·	d in Charles 440	Clarida Charac			Addition

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: Aline Braga SIVALINE SILVA
SIGNATURE AND TYPED OR PRINTED BAME OF SIGNING OFFICER OR DIRECTOR

3/31/08 (301)308-2050