

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000059536			
1. Entity Name AMBRACUB, INC.			
Principal Place of Business 10934 CROSSCREEK DRIVE TAMPA FL 33467		Mailing Address 10427 124TH TERRACE NORTH LARGO FL 33773	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10934 CROSSCREEK Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, FL 33647	
Zip	County	Zip	County
33647	Hillsborough	33647	Hillsborough
4. FEI Number 71-1033677		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROK, STEVEN J 10427 124TH TERRACE NORTH LARGO FL 33773		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature (typed or printed name of registered agent and title, if applicable)		(NOTE: Registered Agent signature required when transferring)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTES, ANTONIO	NAME	
STREET ADDRESS	32144 BROOKSTONE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROK, STEVEN J	NAME	
STREET ADDRESS	10427 124TH TERRACE NORTH	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33773	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, ALEJANDRO	NAME	
STREET ADDRESS	24932 ROVELLO STREET	STREET ADDRESS	
CITY-ST-ZIP	LAND O' LAKES FL 34639	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 and all other like empowered.			
SIGNATURE: <i>Alejandro Cruz</i> Alejandro CRUZ		Date: 3-5-08 813-986-8231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	