

2008

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90317 001 \*\*\*450.00

<b>DOCUMENT #</b> P07000093573	
<b>1. Entity Name</b>	
AMA Capital Corp.	

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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
Calle 18, #35-69		7300 N.W. 19th St.		26-0784287		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
Oficina 359		Suite 101					
City & State		City & State					
Medellin		Miami, FL					
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
	Colombia	33126-1222	USA				
<b>DO NOT WRITE IN THIS SPACE</b>				<b>7. Name and Address of Current Registered Agent</b>			
				Name			
				del Valle, Manuel R.			
				Street Address (P.O. Box Number is Not Acceptable)			
				7300 N.W. 19th St.			
				Suite 101			
				City			
				Miami			
				FL			
				Zip Code			
				33126-1222			

**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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	D/P/S/T	<b>TITLE</b>	
<b>NAME</b>	Alvarez, Alba M.	<b>NAME</b>	
<b>STREET ADDRESS</b>	Calle 18, #35-69, Oficina 359	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Medellin, Colombia	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

DO NOT WRITE IN THIS SPACE

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alba M. Alvarez

4-28-08

Date

011-574-311-7955

Daytime Phone #