

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000078750

**Entity Name:** AMF AMERICAS NETWORK INC

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6371 COTTON TAIL RD  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6371 COTTON TAIL RD  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 26-3266897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALONSO, MARIA E  
6371 COTTON TAIL RD  
MIAMI LAKES, FL 33014 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ALONSO, MARIA E  
Address: 6371 COTTON TAIL RD  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD  
Name: FABRE, ALVARO  
Address: 9405 SW 91 STREET  
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: ALVARO FABRE

VPD

02/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date