

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000037272

**FILED**  
**May 06, 2011**  
**Secretary of State**

**Entity Name:** AMBRO'S GULF COAST, INC.

**Current Principal Place of Business:**

2529 PELICAN BAY DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CROWN MADDEN ASSOCIATES, INC.  
2025 RICHMOND AVE., SUITE 105  
STATEN ISLAND, NY 10314

**New Mailing Address:**

**FEI Number:** 26-4756769      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AMBROSINO, NAOMI  
2529 PELICAN BAY DRIVE  
PANAMA CITY BEACH, FL 32408      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: PRES  
Name: AMBROSINO, NAOMI  
Address: 2529 PELICAN BAY DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VP  
Name: AMBROSINO, FRANK  
Address: 2529 PELICAN BAY DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: NAOMI AMBROSINO

PRES

05/06/2011

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

\_\_\_\_\_  
Date