

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91032 018 ***155.00

DOCUMENT # P40376

1. Entity Name

AMERIL CORPORATION



Principal Place of Business

11767 S. DIXIE HWY., SUITE 270
MIAMI FL 33156

Mailing Address

7850 S.W. 128TH STREET
MIAMI FL 33156

94082333



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0348836

Applied For

Not Applicable

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

BROAD & CASSEL, P.A.
175 N.W. 1ST AVENUE, #2200
MIAMI FL 33128

Name

RONES AND NAVARRO, P.A.

Street Address (P.O. Box Number is Not Acceptable)

16105 NE 18TH AVENUE

City

NO. MIAMI BEACH

FL

Zip Code

33162

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME RILL, IRVING
STREET ADDRESS 11767 S. DIXIE HWY., SUITE 270
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ROGERS, DEBORAH
STREET ADDRESS 11767 S. DIXIE HWY., SUITE 270
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRAS

3-31-04 305-253-9969

Date

Daytime Phone #