

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000026607

**1. Entity Name
ADVANTAGE MANAGEMENT INTERNATIONAL, INC.**



**Principal Place of Business
812 KINGSBRIDGE DR
OVIEDO, FL 32765**

**Mailing Address
812 KINGSBRIDGE DR
OVIEDO, FL 32765**



04222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3176684	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORELL, CARMEN
812 KINGSBRIDGE DR
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

11. 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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORELL, TOMAS C 812 KINGBRIDGE DR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORELL, CARMEN R 812 KINGSBRIDGE DR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, with all other like empowered.

SIGNATURE: Tomas C Morell
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

APRIL 23, 06 (407) 792-9172
Date Daytime Phone #