

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036987

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: AMLIWA, INC.

**Current Principal Place of Business:**

11900 BISCAYNE BLVD  
SUITE 290  
NORTH MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

11900 BISCAYNE BLVD  
SUITE 290  
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

FEI Number: 65-0419307      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROOKS, MICHAEL J  
626 NE 124TH STREET  
N. MIAMI, FL 33161 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHUMACHER, WILFRIED  
Address: 1111 OLD GRIFFIN RD  
City-St-Zip: DANIA, FL 33004

Title: SD ( ) Delete  
Name: SCHUMACHER, LILLY  
Address: 1111 OLD GRIFFIN RD  
City-St-Zip: DANIA, FL 33004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHUMACHER, WILFRIED  
Address: 11900 BISC BLVD STE 290  
City-St-Zip: NORTH MIAMI, FL 33181

Title: SD (X) Change ( ) Addition  
Name: SCHUMACHER, LILLY  
Address: 11900 BISC BLVD STE 290  
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILFRIED SCHUMACHER

D

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date