2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2008 08:00 A Secretary of State

ANNUAL REPORT					Jan 09, 2000 00.0			
DOCUMENT # P93000054638						Secretary	7 of St	
1. Entity Name								
AMBERR	Y ENTERPRISE, INC.							
			V. Santa	}				
Principal Plac	e of Business	Mailing Address						
2100 34TH \		10959 109TH LANE NORTH						
LARGO, FL 3	33771	LARGO, FL 33778						
						 		
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					N 05 5	0000004/44/00		
DO NOT WRITE IN THIS SPA			^E	01042008	No Chg-P	CR2E034 (11/05))	
U	O NOI WRITE	IN THIS SPA	3 SPACE		er 2000	⊢	pplied For	
				59-319	6220		lot Applicable	
				5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current Re	gistered Agent		.,				
DELLGIAN	O MILLIANA C					DITE		
BELLSIANO, WILLIAM S 10959 109TH LANE NO.				DO	NOT W	RIIE		
LARGO, FL 33778				IN 7	THIS SP	ACE		
				114		AOL		
	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or bot	th, in the State of Flo	rida. I am familiar with	, and accept	
the obligati	ions of registered agent.				•			
SIGNATURE_			er			DATE		
	Signature, typed or printed name of registered agent and	THE IT APPRICADES (NOTE, REGISTERS	éd Agent signature required	when reinstating)		DATE	 	
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finan				.00 May Be				
	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	∐ Add	ed to Fees				
10.	OFFICERS AND DI	RECTORS						
TITLE	CEO							
NAME	BELLSIANO, WILLIAM 10959 109TH LANE N.				ี ก็อื่ออื่อื่อ	777249 80056-017 19	-0.00	
STREET ADDRESS CITY-ST-ZIP	LARGO, FL 33778				01/03/08-	80056-017 IS	5U.UU	
TITLE	B III		-1					
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NAME								
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CITY+ST-ZIP								
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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 a other like empowered.

SIGNATURE:

NAME STREET ADDRESS

GRATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

508 127 E

Parent Phone