

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90011 031 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000011349

1. Entity Name
AMANCAY CORPORATION



Principal Place of Business
**%GOLD, DENNIS, S, ESQ
2335 TAMiami TRAIL N #301
NAPLES, FL 34103 US**

Mailing Address
**2335 TAMiami TRAIL NORTH
SUITE 301
NAPLES, FL 34103**

40021694



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0560140

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GOLD, DENNIS S ESQ
2335 TAMiami TRAIL N, SUITE 301
NAPLES, FL 34103**

Name

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

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

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 **D** ☐ Delete
NAME **GOLD, DENNIS S**
STREET ADDRESS **2335 TAMiami TR NO #301**
CITY-ST-ZIP **NAPLES, FL**

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

TITLE **P** ☐ Delete
NAME **FRIEDLI, CHRISTIAN**
STREET ADDRESS **26130 HICKORY BLVD. UNIT #3A**
CITY-ST-ZIP **BONITA SPRINGS, FL**

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

TITLE **V** ☐ Delete
NAME **FRIEDLI, HANNA**
STREET ADDRESS **26130 HICKORY BLVD. UNIT#3A**
CITY-ST-ZIP **BONITA SPRINGS, FL**

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

TITLE **S** ☐ Delete
NAME **AST, RENE'**
STREET ADDRESS **P.O. BOX 1661 N/A**
CITY-ST-ZIP **BONITA SPRINGS, FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dennis S. Gold,
Director**

2/27/06
Date

(239) 649-4653
Daytime Phone #