

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000050646

1. Entity Name  
AMRAV, INC.



Principal Place of Business  
1026 MILLER DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address  
1026 MILLER DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

**FILED  
Apr 23, 2005 08:00 AM  
Secretary of State**



**DO NOT WRITE IN THIS SPACE**

04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3253602	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

VARGO, ANDREW M  
1026 MILLER DRIVE  
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution,

**\$5.00 May Be  
Added to Fees**

100000326243  
04/23/05-80049-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGO, ANDREW M 1026 MILLER DRIVE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VARGO, RITA A 1026 MILLER DRIVE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE:

*Andrew M Vargo* 4/14/05 4078311550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #