

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000056502

FILED
Apr 23, 2009
Secretary of State

Entity Name: AMBE, INC.

Current Principal Place of Business:

113 - 114
6160 S.W. STATE RD. 200
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

A TO ZDIC. BEV. 113 -114
6160 S.W. STATE RD 200
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 59-3263658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TITUS, CLAIRE A
849 KINGSBAY DR
CRYSTAL RIVER, FL 34423 US

Name and Address of New Registered Agent:

VIJAY, PATEL
2010 NE 14TH ST.
200
OCALA, FL 34470 US

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: VIJAY PATEL

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SHUKLA, RAJESH
Address: 6160 SW STATE RD 200
City-St-Zip: OCALA, FL 34476

Title: DVT () Delete
Name: SHUKLA, SANDHYA
Address: 6160 SW STATE RD 200
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAJESH SHUKLA

DPS

04/23/2009

Electronic Signature of Signing Officer or Director

Date