

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90351 036 \*\*\*150.00

**DOCUMENT # P95000062748**

1. Entity Name  
**AMBRO ENTERPRISES, INC.**



Principal Place of Business  
**8400 NORTH UNIVERSITY DRIVE  
SUITE 109  
TAMARAC, FL 33321 US**

Mailing Address  
**8400 NORTH UNIVERSITY DRIVE  
SUITE 109  
TAMARAC, FL 33321 US**



2. Principal Place of Business  
**2300 Glades Road  
Suite, Apt. #, etc.  
Suite #360W**

3. Mailing Address  
**2300 Glades Road  
Suite, Apt. #, etc.  
Suite #360W**

02022006 Chg-P CR2E034 (11/05)

City & State  
**Boca Raton, FL**  
Zip  
**33431**  
Country  
**USA**

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**Boca Raton, FL**  
Zip  
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**USA**

4. FEI Number  
**65-0600381**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHREIBER, BRUCE  
8400 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321**

**7. Name and Address of New Registered Agent**

Name  
**Bruce Schreiber**  
Street Address (P.O. Box Number is Not Acceptable)  
**2300 Glades Road  
Suite #360 W**  
City  
**Boca Raton** **FL** Zip Code  
**33431**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHREIBER, BRUCE 8400 NORTH UNIVERSITY DRIVE TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHREIBER, LOUIS 8400 NORTH UNIVERSITY DRIVE TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHREIBER, SYDNEY 8400 NORTH UNIVERSITY DRIVE TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schreiber, Bruce 2300 glades Road # 360W Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Schreiber, Louis 2300 glades Road #360W Boca Raton FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Schreiber, Sydney 2300 glades Road #360W Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Bruce Schreiber*

**Bruce Schreiber President 4/14/06 561-353-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #