2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90037 003 ***150.00

DOCUMENT # P95000093437

1. Entity Name

AMARAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
878 5TH AVENUE S. NAPLES FL 34102	878 5TH AVENUE S. NAPLES FL 34102

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
201 8th STreet South	201 8th Street South
Suite, Apt. #, etc. # 207	Suite, Apt. #, etc. #207
City & State Naples, Fl	City & State Naples, Fl
Zip 34102 Country U.S.	Zip 34102 Country U.S.

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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
VEGA,.JOHN.G. 2660 AIRPORT ROAD SOUTH NAPLES FL 34112	Name Street Address (P.O. Box Number is Not Acceptable) 201 8th .STreet South #207 City Naples FL Zip Code 34102

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 _____ 3/28/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS AMARAL, DOUGLAS 2660 AIRPORT RD S NAPLES FL 33962	☑ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	JOHN G. VEGA 605 5th Ave. North Naples FL 34102	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT AMARAL, DIANE 2660 AIRPORT RD S NAPLES FL 33962	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	YADIRA R. VEGA 605 5th Ave. North Naples, FL 34102	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3/28/08 239-659-3257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #