

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90042 032 ***150.00

DOCUMENT # P97000021340

1. Entity Name
AMEUREX CORP.



Principal Place of Business
**1906 SE 40TH ST
CAPE CORAL, FL 33904 US**

Mailing Address
**C/O LYDIA THIERSMANN
1317 SE 46TH LANE #207
CAPE CORAL, FL 33904-324 US**

34033069



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3431817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THIERSMANN, LYDIA
1317 SE 46TH LANE
207
CAPE CORAL, FL 33904**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	NIEDERBERGER, RAINER J
STREET ADDRESS	MARIATROSTER STRASSE 131
CITY-ST-ZIP	8043 GRAZ, AU
TITLE	D
NAME	THIERSMANN, LYDIA
STREET ADDRESS	1317 SE 476TH LN 207
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VPD
NAME	PAYNE, DONALD L
STREET ADDRESS	15560 CATALPA COVE DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 an address, with all other like empowered.

SIGNATURE: Lydia Thiersmann **Lydia Thiersmann**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04
Date

239-549-4262
Daytime Phone #