

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

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



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3431817

Applied For
Not Applicable

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

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, 2005 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000203969

01/29/05-80047-015 150.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

Date

239-549-4262

Daytime Phone