

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 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**



01312007 No Chg-P CR2E034 (11/05)

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, 2007 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
**PDST
NIEDERBERGER, RAINER J
MARIATROSTER STRASSE 131
8043 GRAZ, AU**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THIERSMANN, LYDIA
1317 SE 476TH LN 207
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PAYNE, DONALD L
15560 CATALPA COVE DR.
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

**DO NOT WRITE
IN THIS SPACE**

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:

Ida Bismann

Lydia Thiersmann

2/1/07

239-549-4262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #