## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 27, 2004 8:00 am Secretary of State **DOCUMENT: # P97000087016** 🐠 . 3 👺 07-27-2004 90038 020 \*\*\*550.00 AMBIENT ENVIRONMENTAL, INC. Principal Place of Business Mailing Address 1977 SOUTH WEST 25TH STREET 5<del>5 WEST 39TH S</del>T 1877 SOUTH WEST 25TH STREET **24065064** MIAMI, FL 33133 12TH FLR MIAMI, FL 33133 NEW YORK, NY 10018 US 3. Mailing Address 2. Principal Place of Business 1877 SOUTH WEST 25TH STREET Suite, Apt. #, etc Suite, Apt. #, etc. 07072004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number FLORIDA MIAMI 65-0788771 Not Applicable **\$8.75** Additional 33133 US 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAMORRO, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 1877 SOUTH WEST 25TH STREET MIAMI, FL 33133 City Zip Code 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) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be يو د ترتم Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete TITLE TITLE Change ☐ Addition CHAMORRO, ARMANDO NAME NAME STREET ADDRESS 1877 SOUTH WEST 25TH STREET STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LEITNER, JOHN NAME NAME STREET ADDRESS 750 RUSHMORE AVE STREET ADDRESS MAMARONECK, NY 10543 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **ESPOSITO, WILLIAM** NAME NAME 150 FRANKLIN ST. STREET ADDRESS STREET ADDRESS SEA CLIFF, NY 11579 -CITY - ST- ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 SIGNATURE:

FILED

Davistie Phone #