

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000102616 1. Entity Name AMKIN, CORP.	
---	---

Principal Place of Business 1000 BRICKELL AVENUE SUITE 1015 MIAMI, FL 33131	Mailing Address 1000 BRICKELL AVENUE SUITE 1015 MIAMI, FL 33131
---	---

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0709724	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OJEDA, ALAN 1000 BRICKELL AVENUE SUITE 1015 MIAMI, FL 33131

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

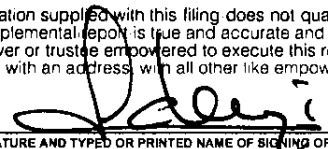
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LLORENS, JOSE 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLORENS, MERCEDES 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLORENS, RAMON 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLORENS, ANA 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLORENS, MONTSEERAT 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLORENS, CRISTINA 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131

U00000876039
04/11/08-80058-007 150.00

**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:  **Feb 19, 08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #