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	Mailing Address
1000 BRICKELL AVENUE SUITE 1015 MIAMI, FL 33131	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

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD
NAME	LLORENS, JOSE
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 1015
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	LLORENS, MERCEDES
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 1015
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	LLORENS, RAMON
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 1015
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	LLORENS, ANA
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 1015
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	LLORENS, MONTSERRAT
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 1015
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	LLORENS, CRISTINA
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 1015
CITY-ST-ZIP	MIAMI, FL 33131

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04/11/08-80058-007 150.00

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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 #