


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90030 034 ***150.00

DOCUMENT # P98000016787 1. Entity Name AMISTAR (LATINOAMERICA), INC.					
Principal Place of Business 2043 NW 87TH AVE MIAMI, FL 33172			Mailing Address 2043 NW 87TH AVE MIAMI, FL 33172		
2. Principal Place of Business 2115 NW 84 ave Suite, Apt. #, etc.		3. Mailing Address 2115 NW 84 ave Suite, Apt. #, etc.			
City & State Miami FL Zip 33122		City & State Miami FL Zip 33122		4. FEI Number 65-0814228	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMCHANDANI, SACHIN 2043 NW 87TH AVE MIAMI, FL 33172				7. Name and Address of New Registered Agent Name RAMCHANDANI, SACHIN Street Address (P.O. Box Number is Not Acceptable) 2115 NW 84 ave City Miami FL Zip Code 33122	
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, TOUQEER A 2043 NW 87TH AVE MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, TOUQEER A 2115 NW 84 ave Miami FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMCHANDANI, SACHIN K 2043 NW 87TH AVE MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMCHANDANI, SACHIN K 2115 NW 84 ave Miami FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>S. Ramchandani</u> SACHIN RAMCHANDANI 2/07/06 (305) 4183186 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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