## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: 2

## **FILED** Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # P98000040668 1. Entity Name AMBROSIA ENTERPRISES, INC. Mailing Address Principal Place of Business 1125 MIRACLE MILE 1125 MIRACLE MILE VERO BEACH, FL 32960 VERO BEACH, FL 32960 02022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0831372 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE D'AMBROSIA, NICHOLAS 1125 MIRACLE MILE VERO BCH, FL 32960 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000304272 TITLE 04/14/05-80035-025 150.00 D'AMBROSIA, NICHOLAS NAME STREET ADDRESS 1125 MIRACLE MILE CITY-ST-ZIP VERO BCH, FL 32960 TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 eath; 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.

NAME OF SIGNING OFFICER OR DIRECTOR