2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088245

FILED Apr 22, 2004 8:00 am Secretary of State

04-22-2004 90010 018 ***150.00

AMAKA SI	GNS, INC.)			
Principal Place of Business Mailing Address 3076 PINE ST. CLEARWATER, FL 33763 CLEARWATER, FL 33763				54038483			
DO NOT WRITE IN THIS SPACE				04192004 No Chg-P CR2E034 (10/03) 4. FEI Number			
	6. Name and Address of Current Regist	tered Agent	ļ				
STROUT, BRENDA F 3076 PINE ST. CLEARWATER, FL 33763			DO NOT WRITE IN THIS SPACE				
the obligation	named entity submits this statement for the pons of registered agent. Signature, typed or printed name of registered agent and title	-	ed office or regis ad Agent signature requ		in the State of Florida	a. I am familiar with, a	ind accept
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5 Trust Fund Contribution.		55.00 May Be dded to Fees			
10. OFFICERS AND DIRECTORS		CTORS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STROUT, BRENDA F 3076 PINE ST. CLEARWATER, FL 33763						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				DO-NOT-WRITE			
TITLE NAME STREET ADDRESS				IN T	HIS SPA	ACE	

12. I hereby certify that the information supplied with this filting 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

On 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: \(\frac{1}{2} \)

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP