

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093001

Entity Name: FIRST BORN AMELIA CORP.

FILED
Feb 18, 2005
Secretary of State

Current Principal Place of Business:

427 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

427 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0873435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER, DONALD J
10066 BAY HARBOR TERRACE
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

GLAZER, DONALD J
1101 SE CORAL REEF ST
PORT ST. LUCIE, FL 34983 US

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.

SIGNATURE: DONALD J. GLAZER

02/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAVEDOFF, STUART
Address: 427 BILTMORE WAY, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: MEKRAS, GEORGE
Address: 7051 S.W. 62ND AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: SCHWARTZTOL, ROBERT
Address: 427 BILTMORE WAY, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: KLEIN, MYLES
Address: 427 BILTMORE WAY, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SAVEDOFF, STUART
Address: 427 BILTMORE WAY, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART SAVEDOFF

PRES

02/18/2005

Electronic Signature of Signing Officer or Director

Date