

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90206 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000099994

1. Entity Name
AMAIX INC.



Principal Place of Business
3024 S.W. 113 AVENUE
MIAMI, FL 33165

Mailing Address
3024 S.W. 113 AVENUE
MIAMI, FL 33165

2. Principal Place of Business

12401 SW 77 ST

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

same

Zip

33183

Country

FL

Zip

33183

Country

FL

4. FEI Number

65-0877066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEITES, AIXA
3024 S.W. 113 AVENUE
MIAMI, FL 33165

Name **Aixa Fleites**

Street Address (P.O. Box Number Is Not Acceptable)

12401 SW 77 ST

City **Miami**

FL

Zip **33183**

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)

DATE

5/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete

NAME **FLEITES, AIXA**
STREET ADDRESS **3024 S.W. 113 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **VD** ☐ Delete

NAME **FLEITES, ARMANDO**
STREET ADDRESS **3024 S.W. 113 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/03 (30) 598-0991

CR2E034 (10/02)

80118660
P98000099994

FLORIDA DEPARTMENT OF REVENUE
ANNUAL REPORT
EIN: 65-0877066
Re: AMAIX, INC.

May 7, 2003

To Whom It May Concern,

As you request me I am sending this letter explain to you the reason why I did not file the annual Report of Amaix, Inc. because I change my Residence, I never received the form required.

If you any question do not hesitate contact me to (305) 598-0991

Sincerely,


Aixa Fleites