2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90221 036 ***150.00
P99000016919

FILED
Jul 22, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P99000016919

1. Entity Name
AMIGO HISPANIC SERVICES INC.

Principal Place of Business	Mailing Address
9100 SO. DADELAND BLVD. SUITE 909 MIAMI, FL 33156	9100 SO. DADELAND BLVD. SUITE 909 MIAMI, FL 33156

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06292005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0946991 ☐ Applied ☐ Not Appl

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
FILIDOR, RENE 9100 SO. DADELAND BLVD. SUITE 909 MIAMI, FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 a 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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., t corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD FILDOR, RENE 9100 SO. DADELAND BLVD. SUITE 909 MIAMI, FL 33156	☐ Delete	FILIDOR, RENE	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT FILDOR, ALBA 9100 SO. DADELAND BLVD. SUITE 909 MIAMI, FL 33156	☑ Delete		☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ A

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

SIGNATURE: _____ 06-30-05 305-670-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rene Filidor - President Date Daytime Phone #