

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000022806

**Entity Name:** AMK SQUARED ENTERPRISES, INC.

**FILED**  
**Sep 19, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

640 BROOKER CREEK BLVD  
SUITE 440  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1523  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 59-3570271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALES, LARRY J  
2739 US HIGHWAY 19  
SUITE 223  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: FARBER, MARK  
Address: 640 BROOKER CREEK BLVD SUITE 440  
City-St-Zip: OLDSMAR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: KUNIS, ALEXANDER M  
Address: 640 BROOKER CREEK BLVD SUITE 440  
City-St-Zip: OLDSMAR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALEXANDER M. KUNIS

PSD

09/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date