


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 24, 2007 08:00 AM  
Secretary of State

DOCUMENT # P99000070436

1. Entity Name  
AMAZON RIVER JUNGLE, INC.



Principal Place of Business      Mailing Address

905 BRICKELL BAY DRIVE #1930      905 BRICKELL BAY DRIVE #1930  
MIAMI, FL 33131      MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



01162007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
65-0940038      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HONORATO, ELIANE RITTA  
905 BRICKELL BAY DRIVE #1930  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	HONORATO, ELIANE RITTA
STREET ADDRESS	905 BRICKELL BAY DRIVE #1930
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	A
NAME	HONORATO, HELENY
STREET ADDRESS	801 BRICKELL BAY DR #1270
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000601059  
01/26/07-80035-023 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Eliane Rita Honorato*      1/26/07 (305) 371 7871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #