

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90010 025 ***150.00

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1. Entity Name
AMTECH SUPPORT, INC.



Principal Place of Business
**9715 FONTAINEBLEAU BLVD.
206
MIAMI, FL 33155**

Mailing Address
**9715 FONTAINEBLEAU BLVD.
206
MIAMI, FL 33155**

03010040

2. Principal Place of Business
9370 SW 61 STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 140874
Suite, Apt. #, etc.



03012004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
Coral Gables, FL

4. FEI Number
65-0937270

Applied For
Not Applicable

Zip
33173 Country
USA

Zip
33114 Country
USA

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

6. Name and Address of Current Registered Agent

**MARTINEZ, ALIANA
9715 FONTAINEBLEAU BLVD.
#206
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9370 S.W. 61 Street
City **Miami** FL **33173**

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 *Alana Marty*

3/3/2004
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **P MARTINEZ, ALIANA** ☐ Delete
STREET ADDRESS **9715 FONTAINEBLEAU BLVD. #206**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **9370 SW 61 STREET**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
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: *Alana Marty* **ALIANA MARTINEZ** **3/3/04** **305-799-5065**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #