



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90036 039 ***150.00

DOCUMENT # S08943 1. Entity Name AMICI, INC.					
Principal Place of Business 1666 79 ST KENNEDY CAUSEWAY 102 N. BAY VILLAGE, FL 33141 US			Mailing Address 1666 79 ST KENNEDY-CAUSEWAY 102 N BAY VILLAGE, FL 33141 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		05142008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0230356	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROY, ELOY 13300 ARCH CREEK TERR N. MIAMI, FL 33181			7. Name and Address of New Registered Agent 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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROY, ELOY 1666-79TH ST KENNEDY CSWY #102 NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTELA, ALEJANDRO 1666-79TH STREET KENNEDY CSWY #102 NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROY, GABRIELA 1666-79TH STREET KENNEDY CSWY #102 NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROY-PULIDO, SILVANA 1666 79TH STREET KENNEDY CSWY #102 NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERRO, ANDRES 1666 79TH STREET KENNEDY CSWY #102 NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP TOGNOZZI, RICARDO 1666-79TH STREET KENNEDY CSWY #102 NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete			
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: _____			_____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
_____			_____		
_____			_____		