


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90517 017 \*\*\*150.00

<b>DOCUMENT # V68520</b> 1. Entity Name <b>AMBERWORLD INCORPORATED</b>																																																																																																																																																					
Principal Place of Business <b>7651 ARDWICK DRIVE LAKE WORTH, FL 33467 US</b>			Mailing Address <b>7651 ARDWICK DRIVE LAKE WORTH, FL 33467 US</b>																																																																																																																																																		
2. Principal Place of Business <b>3627 Coral Springs Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>3627 Coral Springs Drive</b> Suite, Apt. #, etc.																																																																																																																																																			
City & State <b>Coral Springs, Florida</b>		City & State <b>Coral Springs, Florida</b>		4. FEI Number <b>65-0360365</b>																																																																																																																																																	
Zip <b>33065</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>SPAGNUOLO, DEBORAH A 7651 ARDWICK DRIVE LAKE WORTH, FL 33467</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3627 Coral Springs Drive</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>																																																																																																																																																		
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 obligation of registered agent. SIGNATURE: <u><i>Deborah Spagnuolo</i></u> <span style="float: right;">06 Apr 2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>VSTD SPAGNUOLO, CARL J.</b></td> <td><input checked="" type="checkbox"/></td> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>7651 ARDWICK DRIVE LAKE WORTH, FL 33467</b></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>CDP</b></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td><b>CD PST</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>SPAGNUOLO, DEBORAH A.</b></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>7651 ARDWICK DRIVE</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>3627 Coral Springs Drive</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LAKE WORTH, FL 33467</b></td> <td></td> <td>CITY-ST-ZIP</td> <td><b>Coral Springs, Fla 33065</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete	TITLE	NAME	Change Addition	STREET ADDRESS	<b>VSTD SPAGNUOLO, CARL J.</b>	<input checked="" type="checkbox"/>	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP	<b>7651 ARDWICK DRIVE LAKE WORTH, FL 33467</b>		CITY-ST-ZIP			TITLE	<b>CDP</b>	<input type="checkbox"/>	TITLE	<b>CD PST</b>	<input checked="" type="checkbox"/>	NAME	<b>SPAGNUOLO, DEBORAH A.</b>		NAME		<input type="checkbox"/>	STREET ADDRESS	<b>7651 ARDWICK DRIVE</b>		STREET ADDRESS	<b>3627 Coral Springs Drive</b>		CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		CITY-ST-ZIP	<b>Coral Springs, Fla 33065</b>		TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																		
TITLE	NAME	Delete	TITLE	NAME	Change Addition																																																																																																																																																
STREET ADDRESS	<b>VSTD SPAGNUOLO, CARL J.</b>	<input checked="" type="checkbox"/>	STREET ADDRESS		<input type="checkbox"/>																																																																																																																																																
CITY-ST-ZIP	<b>7651 ARDWICK DRIVE LAKE WORTH, FL 33467</b>		CITY-ST-ZIP																																																																																																																																																		
TITLE	<b>CDP</b>	<input type="checkbox"/>	TITLE	<b>CD PST</b>	<input checked="" type="checkbox"/>																																																																																																																																																
NAME	<b>SPAGNUOLO, DEBORAH A.</b>		NAME		<input type="checkbox"/>																																																																																																																																																
STREET ADDRESS	<b>7651 ARDWICK DRIVE</b>		STREET ADDRESS	<b>3627 Coral Springs Drive</b>																																																																																																																																																	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		CITY-ST-ZIP	<b>Coral Springs, Fla 33065</b>																																																																																																																																																	
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>																																																																																																																																																
NAME			NAME		<input type="checkbox"/>																																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>																																																																																																																																																
NAME			NAME		<input type="checkbox"/>																																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>																																																																																																																																																
NAME			NAME		<input type="checkbox"/>																																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>																																																																																																																																																
NAME			NAME		<input type="checkbox"/>																																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			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: <u><i>Deborah Spagnuolo</i></u> <b>President</b> <span style="float: right;">06 Apr 2004</span> <span style="float: right;">954 752-1272</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					