

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000028586

**Entity Name:** A-M-A-S-T, INC.

**Current Principal Place of Business:**

565 AVENUE K, SE  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

P.O. BOX 1151  
WINTER HAVEN, FL 33882

**FEI Number:** 31-1763451

**Certificate of Status Desired:** No

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

TRAKAS, ANDREW P  
565 AVENUE K, SE  
WINTER HAVEN, FL 33880 US

*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

**Officer/Director Detail :**

Title PD, SECRETARY  
Name MASTROMINAS, ANDREAS  
Address 475 SHADY LANE  
City-State-Zip: BARTOW FL 33830

Title T  
Name MASTROMINAS, NIKOLAOS  
Address 475 SHADY LANE  
City-State-Zip: BARTOW FL 33830

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANDREAS MASTROMINAS

**PRESIDENT**

**02/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date