

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -1 AM 9:47



DOCUMENT # L05000117848					
1. Entity Name AMA LLC					
Principal Place of Business 8480 STATE RD 84 DAVIE, FL 33324			Mailing Address 9062 NW 146 TERRACE MIAMI LAKES, FL 33018		
2. Principal Place of Business 5200 S University DR. Suite, Apt. #, etc.		3. Mailing Address 5200 S University DR. Suite, Apt. #, etc.			
City & State DAVIE, FLORIDA		City & State DAVIE, FLORIDA		4. FEI Number APPLIED FOR	
Zip 33328		Country USA		Applied For Not Applicable	
Zip 33328		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBA, ALEXIS 9062 NW 146 TERR MIAMI LAKES, FL 33018			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 Alexis Alba, Manager/D 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALBA, ALEXIS 9062 NW 146 TERR MIAMI LAKES,, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500075219465 05/25/06--01008--003 **50.00	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to file this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Alexis Alba, Manager			Date 4/21/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		