


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90136 004 \*\*\*150.00

**DOCUMENT # P04000122727**

1. Entity Name  
**A & M AMERICAN AWNING, INC.**



Principal Place of Business  
**12052 NW 13 ST  
 PEMBROKE PINES, FL 33026**

Mailing Address  
**12052 NW 13 ST  
 PEMBROKE PINES, FL 33026**

2. Principal Place of Business  
**4640 SW 75th Ave**

3. Mailing Address  
**4640 SW 75 Ave**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33155**

Country  
**U.S.A.**

Zip  
**33155**

Country  
**U.S.A.**

6. Name and Address of Current Registered Agent

**PARRA, JOSE M  
 12052 NW 13 ST  
 REMBROKE PINES, FL 33026**



04192005 Chg-P CR2E034 (10/03)

4. FEL Number  
**20-1548093**

Applied For  
 Not Applicable

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

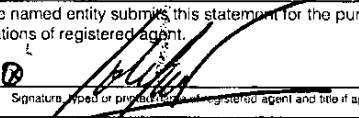
7. Name and Address of New Registered Agent

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  DATE **04-19-05**

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

**FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>PARRA, JOSE M</b>	
STREET ADDRESS <b>12052 NW 13 ST</b>	
CITY-ST-ZIP <b>PEMBROKE PINES, FL 33026</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VP</b>
STREET ADDRESS	<b>Manuel E. Castro</b>
CITY-ST-ZIP	<b>8067 SW 73rd Ave #26 Miami, FL - 33143</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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  DATE **04-19-05** DAYTIME PHONE # **(305) 649-8404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #