


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90078 017 \*\*\*150.00

**DOCUMENT # P04000122727**

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



Principal Place of Business  
**4640 SW 75TH AVE.  
 MIAMI, FL 33155**

Mailing Address  
**4640 SW 75TH AVE.  
 MIAMI, FL 33155**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40052760



04102006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1548093**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PARRA, JOSE M  
 12052 NW 13 ST  
 PEMBROKE PINES, FL 33026**

7. Name and Address of New Registered Agent  
 Name **Manuel E. Castro**  
 Street Address (P.O. Box Number is Not Acceptable) **3067 SW 73rd Ave #26**  
 City **Miami** FL Zip Code **33143**

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 **Manuel E. Castro** DATE **04/10/06**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PARRA, JOSE M</b> <b>12052 NW 13 ST</b> <b>PEMBROKE PINES, FL 33026</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Castro Manuel E</b> <b>3067 SW 73rd Ave #26</b> <b>MIAMI, FL 33143</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CASTRO, MANUELE</b> <b>8067 SW 73RD AVE #26</b> <b>MIAMI, FL 33143</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Alba Parra</b> <b>12052 NW 13th St</b> <b>Pembroke Pines, FL 33026</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: **Manuel E. Castro** DATE: **04/10/06** DAYTIME PHONE: **(305) 6498494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR