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Jun 16, 2006 8:00 am
Secretary of State

05-02-2006 90428 042 ***150.00
02-20-2006 90030 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000086610

1. Entity Name
AMERICAN MOBILE OPERATOR SERVICE INC.

bbU1J1ll

Principal Place of Business	Mailing Address
1900 WEST 54TH STREET #302 HIALEAH, FL 33012	1900 WEST 54TH STREET #302 HIALEAH, FL 33012

05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
451 E ast 42nd Street		451 East 42nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hialeah, Florida		City & State: Hialeah, Florida	
Zip: 33013	Country: USA	Zip: 33013	Country: USA

4. FEI Number 20-3023074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIDALGO, FERNAN BLANCO
1900 WEST 54TH STREET #302
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name: HIDALGO, FERNAN BLANCO
Street Address (P.O. Box Number is Not Acceptable): 451 East42nd Street
City: Hialeah, FL Zip Code: 33013

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: [signature]
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, 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	PS HIDALGO, FERNAN BLANCO 1900 WEST 54TH STREET #302 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HIDALGO, FERNAN BLANCO 451 East 42nd Street Hialeah, Florida 33013	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

I.D. # 20-3023074