2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010435

City-St-Zip:

MIAMI, FL 33126

FILED Apr 15, 2004 Secretary of State

Entity Nar	ne: A&M PRO	OPERTY HOLDINGS, INC.			
Current Principal Place of Business:			New Principal Place of	f Business:	
7495 NW 7	7TH STREET				
#1					
MIAMI, FL	33126 US				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
7495 NW 7	7TH STREET				
#1	00400 110				
MIAMI, FL	33126 US				
FEI Number:	65-0736062	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
RAYON, AURORA 7495 NW 7TH STREET MIAMI, FL 33126 US			RAYON, AURORA 7495 NW 7TH STREET #1 MIAMI, FL 33126 US	7495 NW 7TH STREET #1	
	named entity : e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: AURORA RAYON				04/15/2004	
	Electror	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	DPS ()) Delete	Title: () Change () Addition	
Name:	RAYON, AURO		Name:		
Address:	7492 NW 7TH :		Address:		
City-St-Zip:	MIAMI, FL 331	26	City-St-Zip:		
Title:	VPSD () Delete	Title: () Change () Addition	
Name:	RODRIGUEZ, N	MIGUEL	Name:		
Address:	7495 NW 7TH	STREET #1	Address:		
City-St-Zip:	MIAMI, FL 331	26	City-St-Zip:		
Title:	Т ()) Delete	Title: () Change () Addition	
Name:	RODRIGUEZ, N		Name:	- · · ·	
Address:	7495 NW 7TH	STREET #1	Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: AURORA RAYON P 04/15/2004