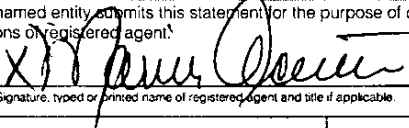
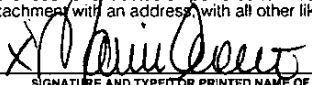


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90039 011 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                                                                     |                                                                                     |                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000047869</b><br>1. Entity Name<br><b>AMC GUNSHOP AND POLICE EQUIPMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                                                     |                                                                                     |                                   |  |
| Principal Place of Business<br><b>1800 W 68TH STREET<br/>SUITE 125<br/>HIALEAH, FL 33014 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                                                                     | Mailing Address<br><b>1800 W 68TH STREET<br/>SUITE 125<br/>HIALEAH, FL 33014 US</b> |                                                                                                                    |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  | 3. Mailing Address<br><b>14470 SW 43 Terr</b>                                                                       |                                                                                     | 40091990<br>                     |  |
| City & State<br><b>Miami FL 33175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  | City & State<br><b>Miami FL 33175</b>                                                                               |                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| Zip<br><b>33175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  | Country<br><b>US</b>                                                                                                |                                                                                     | 6. Name and Address of Current Registered Agent<br><b>ACUNA, MARIA<br/>14470 SW 43 TERRACE<br/>MIAMI, FL 33175</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | Zip Code<br><b>33175</b>                                                                                            |                                                                                     |                                                                                                                    |  |
| 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.<br>SIGNATURE:  DATE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                    |                                                                  |                                                                                                                     |                                                                                     |                                                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                     |                                                                                                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                        |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>ACUNA, MARIA<br>14470 SW 43 TERRACE<br>MIAMI, FL 33175      | <input type="checkbox"/> Delete                                                                                     |                                                                                     |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>CAMPOAMOR, AMANDO<br>14470 SW 43 TERRACE<br>MIAMI, FL 33175 | <input checked="" type="checkbox"/> Delete                                                                          |                                                                                     |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>ACUNA, MARIVI M<br>14470 SW 43 TERRACE<br>MIAMI, FL 33175   | <input type="checkbox"/> Delete                                                                                     |                                                                                     |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>ACUNA, MARIVI M<br>14470 SW 43 TERRACE<br>MIAMI, FL 33175   | <input type="checkbox"/> Delete                                                                                     |                                                                                     |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>ACUNA, MARIVI M<br>14470 SW 43 TERRACE<br>MIAMI, FL 33175   | <input type="checkbox"/> Delete                                                                                     |                                                                                     |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>ACUNA, MARIVI M<br>14470 SW 43 TERRACE<br>MIAMI, FL 33175   | <input type="checkbox"/> Delete                                                                                     |                                                                                     |                                                                                                                    |  |
| 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. |                                                                  |                                                                                                                     |                                                                                     |                                                                                                                    |  |
| <b>SIGNATURE:  MARIA ACUNA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                                                     |                                                                                     |                                                                                                                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                                                                     |                                                                                     | Date: <b>5-10-06</b> Daytime Phone #: <b>786287-0182</b>                                                           |  |

ATTACHMENT 40091950  
~~#PD2000047869~~

**AMC GUNSHOP AND POLICE EQUIPMENT**

1800 West 68th Street

Suite #: 125

Hialeah, Fl. 33014

Phone: 305-818-9722

to whom it may concern:

my letter carrier, mail man. has been  
stealing my mail and catalogs and  
returning to sender what ever he  
can't steal, bank statements, also,  
because I have reported him to  
postal Police. they are also watching  
him, due to this inconvenience I didn't  
receive your renewal form. there fore  
it must have been mailed back to you.  
I have changed mailing address to home.  
so this never occurs again I would really  
appreciate if you could waive the inte-