

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000042410

**Entity Name:** A & M TOP QUALITY SERVICES, INC.**Current Principal Place of Business:**5380 NW 174TH DR  
MIAMI, FL 33055**Current Mailing Address:**POBOX 173667  
HIALEAH, FL 33017 US**FEI Number:** 27-0183551**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIAZ, MAGALY  
5380 NW 174TH DR  
MIAMI, FL 33055 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title D,S  
Name DIAZ, MAGALY  
Address 5380 NW 174TH DR  
City-State-Zip: MIAMI FL 33055

Title VP  
Name CASAS, PASTOR  
Address POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title EXECUTIVE SECRETARY  
Name J MARIN PEREZ, JOHN  
Address POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title ASST. TREASURER  
Name MENDEZ, DEWIN  
Address POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title P,T  
Name AYNAT, ALEJANDRO  
Address 5380 NW 174TH DR  
City-State-Zip: MIAMI FL 33055

Title ASST. SECRETARY  
Name TERESA, MARIA  
Address POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title SECRETARY  
Name JOSE SALAZAR, PEDRO  
Address POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title CO-TRUSTEE  
Name HERNANDO SALINAS, EDGAR  
Address POBOX 173667  
City-State-Zip: HIALEAH FL 33017

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALEJANDRO AYNAT

PT

06/12/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           C. VALBUENA, NOLA  
Address       POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title           ASST. SECRETARY  
Name           LEMUS REYES, ALBADINA  
Address       POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title           SECRETARY  
Name           PINEDO, LIGIA  
Address       POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title           EXECUTIVE SECRETARY  
Name           SAMANEZ GUSMAN, JESSICA  
Address       POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title           ASST. TREASURER  
Name           M LEIVA, SONIA  
Address       POBOX 173667  
City-State-Zip: HIALEAH FL 33017

Title           VP  
Name           AVELLANEDA, ALBERTO  
Address       POBOX 173667  
City-State-Zip: HIALEAH FL 33017