


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 467466**  
 1. Entity Name  
**A & M DATA SYSTEMS, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>1875 S.W. 22ND ST.<br>MIAMI, FL 33145 | Mailing Address<br>1875 S.W. 22ND ST.<br>MIAMI, FL 33145 |
|--|--|



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-1564297                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 MILGEN, ROBERTO  
 185 NE 131ST STREET  
 N. MIAMI, FL 33161

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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


110700391800  
 01/24/06-80055-010 150.00

10. OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| TITLE          | V                |
| NAME           | MILGEM, ANGELINA |
| STREET ADDRESS | 185 NE 131 ST.   |
| CITY-ST-ZIP    | N MIAMI, FL      |
| TITLE          | T                |
| NAME           | MILGEM, MIGDALIA |
| STREET ADDRESS | 185 NE 131 ST.   |
| CITY-ST-ZIP    | N MIAMI, FL      |
| TITLE          | P                |
| NAME           | MILGEM, ROBERTO  |
| STREET ADDRESS | 185 N.E. 131 ST. |
| CITY-ST-ZIP    | N. MIAMI, FL     |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |

**DO NOT WRITE IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Angelina Milgem V. Pres.

Jan. 12 2006 305-856-0313  
Date Daytime Phone #