


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 496793
1. Entity Name
A & M PARKS PRINTERS, INC.



Principal Place of Business Mailing Address
11685 N.W. 7TH AVENUE **11685 N.W. 7TH AVENUE**
MIAMI, FL 33168 **MIAMI, FL 33168**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1649468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ISAZA, FRANK J.
9720 JOHNSON ST.
PEMBROKE PINES, FL

**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 use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ISAZA, FRANK J. 9720 JOHNSON ST. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ISAZA, SONIA 9720 JOHNSON ST. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/05-80017-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sonnia Isaza - SONNIA ISAZA 1-14-05 305-681-1338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #