

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 538874

1. Entity Name
A.M.O., INC.



Principal Place of Business
**12039 SW 39 TERR
MIAMI, FL 33175 US**

Mailing Address
**12039 SW 39 TERR
MIAMI, FL 33175 US**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1779552

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAZQUEZ, MANUEL O.
1328 S.W. 17 ST.
MIAMI, FL 33145**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000117990

04/19/04-60042-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAZQUEZ, ORLANDO
STREET ADDRESS	12515 S.W. 33 ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	T
NAME	VAZQUEZ, ALINA
STREET ADDRESS	12039 S.W. 39TH TERRACE
CITY - ST - ZIP	MIAMI, FL
TITLE	S
NAME	VAZQUEZ, MANUEL O.
STREET ADDRESS	1328 S.W. 17 ST.
CITY - ST - ZIP	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 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 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

Date

Telephone #

Manuel Vazquez
MANUEL VAZQUEZ

4/1/04
4/1/04