

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90162 015 ***150.00

DOCUMENT # K54684	
1. Entity Name AMMEX INVESTMENTS, INC.	

Principal Place of Business 517 SW 1ST AVENUE FT. LAUDERDALE, FL 33301	Mailing Address 517 SW 1ST AVENUE FT. LAUDERDALE, FL 33301
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2. Principal Place of Business 2125 Blue Heron Cove Dr.	3. Mailing Address 2125 Blue Heron Cove Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orange Park, FL	City & State Orange Park, FL
Zip 32003	Zip 32003
Country	Country

04202006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0091986	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEE, GLENN R. 517 SW 1ST AVENUE FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Glenn Mee Street Address (P.O. Box Number is Not Acceptable) 2125 Blue Heron Cove Dr. City Orange Park FL Zip Code 32003
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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 *Glenn Mee* **Glenn Mee** 4-21-06
Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent's signature required when resigning) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPS MEE, GLENN R. 517 SW 1ST AVE FT. LAUDERDALE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 2125 Blue Heron Cove Dr. Orange Park, FL 32003
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT SPERLING, BENJIE 517 SW 1ST AVE FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 2125 Blue Heron Cove Dr. Orange Park, FL 32003
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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: *Benjie Sperling* **Benjie Sperling** 4-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date