2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 8:00 am Secretary of State

DOCUMENT # K81501 1. Entity Name A.M.L.L. CORPORATION							01-12-2006	90188 034 ***	150.00
Principal Plac	e of Business	Mailing Address				3~~	-		
124 WEST 2		124 WEST 24TH ST							
HIALEAH, FL		HIALEAH, FL 33010	US		1				
•		·							
2 Principal D	Noos of Projects	2 Marilian Address							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			==	04042000	Cha D	CD2E024 (44))E)
						01042006	Chg-P	CR2E034 (11/0	,o)
City & State		City & State				4. FEI Numbe		<u> </u>	Applied For
Zip Country		Zip Count				65-0112	2419	**************************************	Not Applicable
ωρ	Country	210		uy	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6 Name and Address of Current	Registered Agent	<u> </u>		1	7. Name and	Address of New R	egistered Agent	
				Name JOHN A. MARGOLIS					
PENA, ANTONIO & MIREYA PENA 1 4636 NW 58TH CT				Street Address (P.O. Boy Number in Not Assessable)					
HIALEAH, PL 33012				Suite 330, 9990 S.W. 77th Ave					
v.						,			
				City MiAni FL Zip Code					
8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floriday I am familiar with								3/36	
the obligations of registered agent.									
1/6/06									
SIGNATURE Signature, typog or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND		11.	······································		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE	PTD ANTONIO	5 Delete	TITLE		PTD	A ATAMIA	,	⊠ Char	ge 🗌 Addition
NAME STREET ADDRESS	,			E 1 Et adoress 1	PENA. ATONIO 124 West 24th St				
CITY-ST-ZIP				-ST-ZIP	μ,	leal. F	LA 33010	_	
TITLE	VSD Delete TITI				VSD		(/1 ., 2	∑ Char	ge 🔲 Addition
NAME	PENA, MIREYA			: <i>i</i>	PENA, MIREYA OF				
STREET ADDRESS	i I			ET ADDRESS	124	West 24	1 22 01		
CITY-ST-ZIP	HIALEAH, FL			-ST-ZIP	<u> </u>	wan, r	LA 33011		
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CITY-ST-ZIP		,		-ST-ZIP					
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TITLE NAME			TITLE NAMI	1				☐ Char	ge 🗌 Addition
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NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				et address - St-21P			•		
	 certify that the information supplied with	this filing does not qualify for			ntained	in Chapter 110	Florida Statutes 1	further certify that t	ne information
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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.

AND TYPED OF PRINTED NAME OF SURING OFFICER OR DIR

305-885-9785 Daytime Phone #