2008 FOR PROFIT CORPORATION

FILED \mathbf{AM}

ANNUAL REPORT			Jan 18, 2008 08:00		
DOCUMENT # M23182 1. Entity Name AMES INTERNATIONAL CORPORATION			Secretary of State		
Principal Place of Business M	Inilian Addrose		-		
7-2944 NW-72ND-AVE	lailing Address 2944:NW:72ND:AVE: 5444:NW:72ND:AVE: 5444:NW:72ND:AVE: 5444:NW:72ND:AVE: 5444:ND:AVE: 5444:ND:				THE REPORT OF THE STREET IN THE
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DO NOT WRITE IN THIS SPA		CE	01102008 4. FEI Number 59-26229 5. Certificate of	958	Applied For Not Applied be \$8.75 Additional Fee Required
6. Name and Address of Current Regis	stered Agent		<u> </u>		
DIEZ, JOSE L. 2944 NW 72ND AVE MIAMI, FL 33122		J		IOT WR HIS SPA	
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title.		_	,		. I am familiar with, and accept
(A) (ii applicable (NOTE Registere	d Agent signature require	when revisia(ing)	U000007	
Rule 9 (mt.) Appr FILE NOWIII FEE IS \$150.00 Bug May 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees		0018-017 150.00
10. OFFICERS AND DIRE	CTORS	100	V 1921		1. 30 pm 1 3 m
NAME DIEZ, JOSE LEONARDO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122					
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	DO N	OT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS		, ^,	;	· ·	

12. If 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 undor 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:

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-08