

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90365 044 ***150.00

DOCUMENT # M73100

1. Entity Name

A.M.S. AMERICAN MARKETING SERVICES, INC.



Principal Place of Business

7440 SW 50TH TERRACE, SUITE 101
MIAMI, FL 33155 US

Mailing Address

7440 SW 50TH TERRACE, SUITE 101
MIAMI, FL 33155 US

50041452



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0070540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, ROSARIO M
7440 SW 50TH TERRACE, SUITE 101
MIAMI, FL 33155

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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 reinstating)

DATE _____

**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

PD
SILVA, ROSARIO M
8001 S.W. 69 TERR.
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SILVA, JORGE
8001 S.W. 69 TERR.
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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: *Rosario M. Silva* **Rosario M. Silva** 04-18-05 305-666-4713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #