

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90021 045 ***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



07032006 No Chg-P CR2E034 (11/05)

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

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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 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 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:

Rosario M. Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosario M. Silva 7/10/06 305-666-4713

Date

Daytime Phone #

ATTACHMENT

Bank of America 

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

40099056
M 73100

Telephone Banking: 1.800.432.1000

Date of Notice: 07/03/06

Account: Business Economy Checking
Account Number: 0015 9563 4556

Stop Payment Notice.

At your request, we have placed a stop payment on the check (item) described below. Please make sure that the information you have provided to us about this item is correct. To cancel your stop payment request or change any of the information noted below, please call us toll free at the number listed above. In addition, if there is a fee associated with your stop payment order, please remember to deduct it from your account balance.

| | | | |
|------------------------------------|----------------|-------------------|----------|
| Stop payment order effective: | 07/03/06 | Amount: | \$150.00 |
| Check number/range: | 0000004064 | Stop payment fee: | \$0.00 |
| Payee: FLORIDA DEPARTMENT OF STATE | Date of check: | 07/03/06 | |
| Reason for stop payment: LOST | | | |

Stop Payment Terms and Conditions.

1. You can withdraw your stop payment order at any time by writing to us at the address listed above. Depending on the nature of your stop payment order, there may be a fee charged to your account for each stop payment order and for each renewal.
2. Because checks (items) are searched by computer, please make sure that the check (item) number, exact amount and account number you've given us are correct. We will not be liable for failing to stop payment on the item if any of this information is incorrect or if we did not have a reasonable amount of time to act upon your stop payment order. **PLEASE NOTE: If a check (item) you have requested a stop payment on has been presented to the bank for payment, or deposited to a bank account via a teller, ATM or night depository before or on the same business day that you placed the stop payment order, we may not be able to stop payment on this item. If this is the case, we cannot be held liable for failing to honor your stop payment.**
3. Your stop payment order will be effective for at least six months, and may be renewed in writing. If you want to renew the stop payment order, please be sure to write to us before the expiration date. If we don't hear from you regarding extending the stop payment order, we will not be liable for paying the check (item) if it is presented to us after this six-month period.
4. By requesting that we stop payment on the check (item), you agree to indemnify and hold us harmless for any loss, claims, damage or costs, including reasonable attorneys' fees, that we incur as a result of honoring your request. Our liability for paying an item subject to a proper and timely stop payment order is limited to the actual loss suffered.

Florida Department of State
Date 04/18/2006 Type Bill Reference Annual Report

Original Amt.
150.00

Balance Due
150.00

4/18/2006
Discount
Check Amount

Payment
150.00
150.00

ATTACHMENT
40099056
#m7315D

Bank of America

150.00

A.M.S. AMERICAN MARKETING SERVICES

Florida Department of State

Date 04/18/2006 Type Bill Reference Annual Report

Original Amt.
150.00

Balance Due
150.00

4/18/2006
Discount
Check Amount

Payment
150.00
150.00

4064

Bank of America

150.00