

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062452

FILED
Jan 21, 2005
Secretary of State

Entity Name: ADVANCED MEMBERSHIP SERVICES, INC.

Current Principal Place of Business:

1330 WEST AVENUE
SUITE 604
MIAMI BEACH, FL 33139

Current Mailing Address:

PO BOX 370627
MIAMI, FL 33137

New Principal Place of Business:

80 5TH AVE
RM 1501
NEW YORK, NY 100118002

New Mailing Address:

80 5TH AVE
RM 1501
NEW YORK, NY 100118002

FEI Number: 65-1043583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G ESQ.
218 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SHERMAN, THOMAS G ESQ.
218 ALMERIA AVE
CORAL GABLES, FL 331345904 US

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.

SIGNATURE:

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLAKOFF, STEVE
Address: 1330 WEST AVENUE, SUITE 604
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POLAKOFF, STEVEN
Address: 80 4TH AVE 6A
City-St-Zip: NEW YORK, NY 100035211

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN POLAKOFF

PRES

01/21/2005

Electronic Signature of Signing Officer or Director

Date