

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90174 022 ***150.00

DOCUMENT # P00000075618

1. Entity Name
A & M DESIGN GALLERY CO. INC.



Principal Place of Business
**1683 NE 123 STREET
NORTH MIAMI, FL 33181**

Mailing Address
**89010 BYRON AVE
SURFSIDE, FL 33154 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
8910 BYRON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SURFSIDE FLORIDA

Zip

Country

Zip
33154

Country

04192007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-1031385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROMANIUK, MABEL
8910 BYRON AVE
SURFSIDE, FL 33154**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROMANIUK, IRENEO**
STREET ADDRESS **8910 BYRON AVE**
CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **VD** ☐ Delete
NAME **ROMANIUK, MABEL**
STREET ADDRESS **1683 NE 123 STREET**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

Date

305 893 2669

Daytime Phone #