


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000078163
 1. Entity Name
AMBASSADOR AUTO SERVICES, INC.



Principal Place of Business 3056 S. STATE ROAD 7, BOX 66 MIRAMAR, FL 33023	Mailing Address 3056 S. STATE ROAD 7, BOX 66 MIRAMAR, FL 33023
----------------------------------------------------------------------------------	----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



05052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0263956	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SPENCE, BRYAN
 3056 S. STATE ROAD 7, BOX 66
 MIRAMAR, FL 33023

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, BRYAN 17917 S.W. 36TH STREET PEMBROKE PINES, FL 33029
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000562827
 05/19/06-90072-004 150.00

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: [Signature] Date: 5/1/06 Daytime Phone #: (954) 983-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR