

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000107066

FILED
Dec 11, 2009
Secretary of State

Entity Name: A.M.A. CONSULTING & CONSTRUCTION SERVICES INC.

Current Principal Place of Business:

50 AZURE WAY
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

50 AZURE WAY
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-1057040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANGEL M. ALVAREZ
50 AZURE WAY
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, ANGEL M
Address: 50 AZURE WAY
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: FM () Delete
Name: ALVAREZ, ANGEL A
Address: 45 NW 192 STREET
City-St-Zip: MIAMI, FL 33169

Title: S (X) Delete
Name: ALVAREZ, AMANDA
Address: 5365 NW 197 LANE
City-St-Zip: MIAMI, FL 33055

Title: VP (X) Delete
Name: MOLINA, NICOLAS
Address: 2408 NW 16TH STREET, APT#10
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ALVAREZ, ANGEL M
Address: 50 AZURE WAY
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: SEC (X) Change () Addition
Name: COBO, YENY
Address: 50 AZURE WAY
City-St-Zip: MIAMI SPRINGS, F 33166 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMA

PRES

12/11/2009

Electronic Signature of Signing Officer or Director

Date