


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000002065		
1. Entity Name ADVANCED MARKET SERVICES, INC.		

FILED  
04 OCT 15 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6191 ORANGE DRIVE SUITE 6179-0 DAVIE, FL 33314	Mailing Address 6191 ORANGE DRIVE SUITE 6179-0 DAVIE, FL 33314
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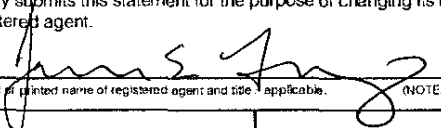
2. Principal Place of Business 16517 SAPPHIRE ST Suite, Apt. #, etc.	3. Mailing Address 16517 SAPPHIRE ST Suite, Apt. #, etc.
City & State WESTON, FL	City & State WESTON, FL
Zip 33331	Country USA



10122004 Chg-P CR2E034 (10/03)

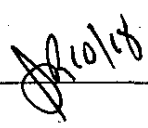
4. FEI Number 65-1154864		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FERNANDEZ, JAIME 6191 ORANGE DRIVE SUITE 6179-0 DAVIE, FL 33314		
7. Name and Address of New Registered Agent Name: JAIME FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 16517 SAPPHIRE ST City: WESTON, FL Zip Code: 33331		

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.

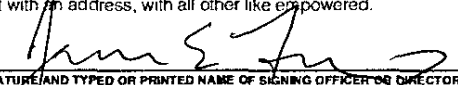
SIGNATURE:  DATE: 10/11/04

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FERNANDEZ, JAIME 16697 HEMINGWAY DRIVE WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16517 SAPPHIRE ST WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300041909453 10/15/04--01104--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Pres DATE: 10/11/04 DAYTIME PHONE #: 786 371-6852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR