


FILED
Mar 25, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000082035 1. Entity Name A M AMOBLAMIENTOS CORPORATION		
Principal Place of Business 16909 NORTH BAY RD APT 211 SUNNY ISLE, FL 33160	Mailing Address 16909 NORTH BAY RD APT 211 SUNNY ISLE, FL 33160	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARGUEZ, MIGUEL A 2075 NE 164TH ST., APT. 405 NORTH MIAMI, FL 33162		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARQUEZ, MIGUEL A 16909 NORTH BAY RD APT 211 SUNNY ISLE, FL 33160	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AHUMADA, SILVIA 16909 NORTH BAY RD APT 211 SUNNY ISLE, FL 33160	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Silvia Ahumada - VICE PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-22-04 - 305-450-6943</u> <small>Date Daytime Phone #</small>



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-4432909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/25/04-80013-006 150.00

**DO NOT WRITE
IN THIS SPACE**