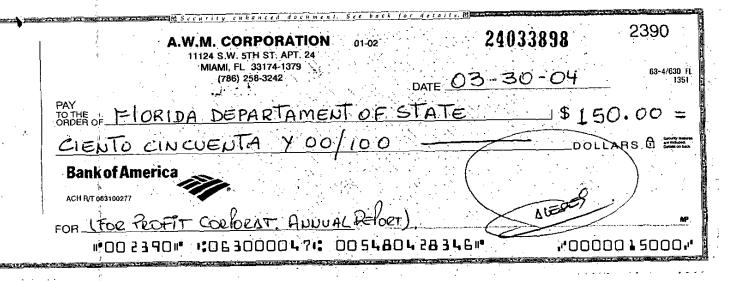
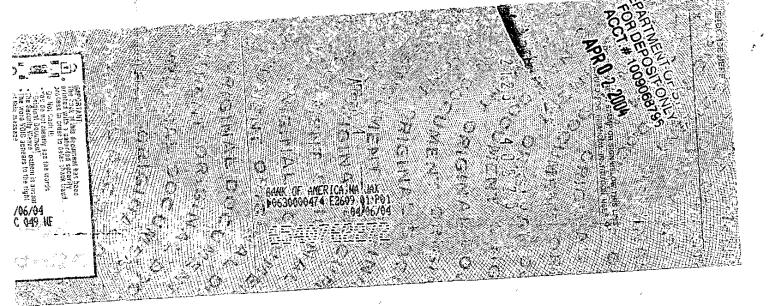
2004 FOR PROFIT CORPORATION

ANN	OFIT CORPORATIONAL REPORT	DN			
DOCUMENT # P01000101597			FILED		
1. Entity Name A.W.M. CORPORATION			04 JUL 12 PM 12: 26		
Principal Place of Business	Mailing Address		ŗ	走GKETAK ATTAHASS	Y OF STAIL SEE, FLORIDA
11124 S.W. 5TH ST.	8360 W FLAGLER ST #203		, * '	MULMIMOS	, L. L. J. 1. L. D. 1
APT. 24 MIAMI, FL 33174	#203 MIAMI, FL 33144		1 (BANGER) (N BEI	III 11811 8811 3811 881	
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DO NOT WRITE IN THIS SPA		\CE	07072004	No Chg-P	CR2E034 (10/03)
		VL	4. FEI Number 65-11502	234	Applie Not A
			5. Certificate of		S8.75 Addition
~~~6. Name and Address of	Current Registered Agent		<u> </u>		ree nequired
MORALES, WILLIAM			DO 1	IOT W	DITE
11124 S.W. 5TH ST. APT. 24				W TO	
MIAMI, FL 33174			IN T	HIS SF	PACE
İ					
<ol><li>The above named entity submits this stat the obligations of registered agent.</li></ol>	tement for the purpose of changing its regist	ered office or register	ed agent, or both,	in the State of Flo	orida. I am familiar with, and
					•
SIGNATURE Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE: Regist	ered Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$55 © Due by September 8, 20		_ +	.00 May Be ed to Fees		
	RS AND DIRECTORS		<u> </u>		
TITLE PS NAME MORALES, WILLIAM					
STREET ADDRESS 11124 S.W. 5TH ST. APT	Г. #24				
CITY-ST-ZIP MIAMI, FL 33174 TITLE VPT					
NAME PAREDES, ARMANDO					
STREET ADDRESS 8401 NW 8TH ST., #202 CITY-ST-ZIP MIAMI, FL 33126					
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TITLE	The second secon	•			
NAME					
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	plied with this filing does not qualify for the eli report is true and accurate and that my signate empowered to execute this report as reconfers with all other like empowered.	exemption stated in Se nature shall have the quired by Chapter 607	ection 119.07(3)(i),	HIS SF	I further certify that the inforced by that I am an officer or







## longaray & associates | accountants & tax consultants

July 7, 2004

Division of Corporations P. O. box 6198 Tallahassee, FL 32314

Re:_AWM.Corporation___

ID #65-1150234

Document No.: P01000101597

Gentlemen:

We filed the UBR report and paid the \$150.00 back in March 2004.

On April 27, 2004, we sent in a second copy of the report after receiving letter dated April 6 which acknowledged receipt of the \$150 and the report which apparently was sent unsigned.

Today we received notice from your department of intent to dissolve.

We are sending the signed report for the second time via certified mail to make sure it gets there.

Very truly yours,

Madeleine D. Longaraty

Accountant

MDL/rl . . .

Toda ( se transce come fore fore year department of the selection) Enclosure

SOME THE PROPERTY.

केश्रित प्रतिका अस्य मेन्निक्द्रियं द्रण्यां न वर्ष क्रिक्त्री एक सम्बन्धित नामा क्रिक्ता स्थापक स्थापक स्थापक रोग स्थानित होता १९५५ है अने राजार में र संजन्मार र प्रति । देश होते हार आहार राजास्थानी र स्थान वस्ति ।