



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 15, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91056 040 \*\*\*150.00

<b>DOCUMENT # P01000102468</b>			
1. Entity Name AMS HOLDINGS CORP.			
Principal Place of Business 7700 NW 37 AVE MIAMI, FL 33147		Mailing Address 7700 NW 37 AVE MIAMI, FL 33147	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VILLARRUEL, JOSE 7700 NW 37 AVE MIAMI, FL 33147		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PST <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	VILLARUEL, JOSE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7201 W. TROOM CIRCLE	NAME	
CITY- ST- ZIP	MIAMI, FL 33014	STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: 		4/29/04 305-835-7600 <small>DATE Daytime Phone #</small>	

5/

66428124



04272004 Chg-P CR2E034 (10/03)

4. FEI Number APPLIED FOR 65-1029117 Applied For Not Applicable

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

**FL** Zip Code

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> Delete
NAME	VILLARUEL, JOSE
STREET ADDRESS	7201 W. TROOM CIRCLE
CITY- ST- ZIP	MIAMI, FL 33014
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY- ST- ZIP	

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SIGNATURE:  4/29/04 305-835-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #