Apr 21 04 02:30p

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91014 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000009914

1. Entity Name: AMMA SUPPLY & SERVICES INC

DO NOT WRITE IN THIS SPACE

54042394

2. Principal Place of Business	3. Mailing Address
22224 FRESNO TERR	22224 FRESNO TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33433 Country: PALM BEACH	Zip: 33433 Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 020539901 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TR HERRERA FINANCIAL SERVICES INC

Street Address (P.O. Box Number is Not Acceptable): 1250 E. HALLANDALE BEACH BLVD STE 1004

City: HALLANDALE FL Zip Code: 33009

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: [signature] (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) 4/22/04 DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	SALOMON MAIKHOR	NAME	
STREET ADDRESS	22224 FRESNO TERRACE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL. 33433	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/22/04. Date 561-929-4390 Daytime Phone #