

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000014326

1. Entity Name  
AMR PROPERTIES & MORTGAGE SERVICES, INC.



Principal Place of Business  
1277 N. SEMOVAN BLVD.  
SUITE 108  
ORLANDO, FL 32807

Mailing Address  
1277 N. SEMOVAN BLVD.  
SUITE 108  
ORLANDO, FL 32807

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 26, 2006 8:00 am  
Secretary of State**

05-26-2006 90015 024 \*\*\*150.00

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05062006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2994843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

MERCADO, ALICIA  
1277 N SEMORAN BLVD  
SUITE 108  
ORLANDO, FL 32807

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERCADO, ALICIA 1277 N SEMORAN BLVD SUITE 108 ORLANDO, FL 32807
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Alicia Mercado Ruiz* **Date:** *5/23/06* **Daytime Phone #:** *407-447-1152*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #