


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000089658

1. Entity Name
AM-PRO GLOBAL CORP.



Principal Place of Business
9745 SUNSET DR SUITE 201
MIAMI, FL 33173-4649

Mailing Address
9745 SUNSET DR SUITE 201
MIAMI, FL 33173-4649

DO NOT WRITE IN THIS SPACE

02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2287227

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

FERNANDEZ, JAIME
9745 SUNSET DR SUITE 201
MIAMI, FL 33173-4649

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MEHECH, AMILCARE
STREET ADDRESS	9745 SUNSET DR SUITE 201
CITY - ST - ZIP	MIAMI, FL 331734649
TITLE	VTD
NAME	MEHECH, MARCELLE
STREET ADDRESS	9745 SUNSET DR SUITE 201
CITY - ST - ZIP	MIAMI, FL 331734649
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/28/05-80035-018 150.00

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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:  Amilcare Mehech
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

3/10/05 305-279-1411
Date Daytime Phone #