2006 FOR PROFIT CORPORATION

CITY-ST-ZP

SIGNATURE:

Feb 20, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P02000089658** AM-PRO GLOBAL CORP. Mailing Address Principal Place of Business 9745 SUNSET DR SUITE 201 9745 SUNSET DR SUITE 201 MIAMI, FL 33173-4649 MIAMI, FL 33173-4649 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2287227 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE FERNANDEZ, JAIME 9745 SUNSET DR SUITE 201 MIAMI, FL 33173-4649 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. DATE Skyneture, typed or printed name of registered agent and tife if applicable. (NOTE: Registered Agent aignature required when reinstating) U00000442558 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/04/06-80021-016 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD 3JTIT MEHECH, AMILCARE NASS STREET ADORESS 9745 SUNSET DR SUITE 201 MIAMI, FL 331734649 CITY-ST-ZP TITLE MEHECH, MARCELLE MARKET STREET ADDRESS 9745 SUNSET DR SUITE 201 MIAMI, FL 331734649 C/7Y-5T-7P RILE NAME STREET ADDRESS DO NOT WRITE DITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MANIE STREET ADDRESS OTY-ST-ZIP **T**E NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eccurate 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 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 AND TYPED OR PROVIDED HAME OF SIGNING OFFICER OR DIRECTOR

Amileor Hohech 1/26/04 305-379-1411

FILED