

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90224 046 ***150.00

DOCUMENT # P02000094823					
1. Entity Name AMERICA MARKETING ENTERPRISES, CORP.					
Principal Place of Business 9561 FONTAINEBLEAU BLVD SUITE # 114 MIAMI, FL 33172			Mailing Address 9561 FONTAINEBLEAU BLVD SUITE # 114 MIAMI, FL 33172		
2. Principal Place of Business 9601 FONTAINEBLEAU BLVD Suite, Apt. #, etc. 607		3. Mailing Address SAME			
City & State MIAMI		City & State		4. FEI Number 02-0640520	
Zip FL 33172		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTAMIRANO, MARCO A 9561 FONTAINEBLEAU BLVD SUITE # 114 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 9601 FONTAINEBLEAU BLVD. Suite # 607 City: MIAMI FL Zip Code: 33172		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTAMIRANO, MARCO A <input type="checkbox"/> Delete 9561 FONTAINEBLEAU BLVD, SUITE # 114 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALTAMIRANO, MARCO A <input type="checkbox"/> Delete 9561 FONTAINEBLEAU BLVD, SUITE # 114 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ALTAMIRANO, MARCO A <input type="checkbox"/> Delete 9561 FONTAINEBLEAU BLVD, SUITE # 114 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/03 (305) 480-8961 Date Daytime Phone #		

CR2E034 (10/02)