

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90052 006 \*\*\*158.75

<b>DOCUMENT # P02000109099</b> 1. Entity Name <b>A &amp; M AUTO EXPRESSION, INC</b>					
Principal Place of Business <b>2301 S.W. 66TH TERRACE BAY #3 DAVIE, FL 33317 US</b>			Mailing Address <b>2301 S.W. 66TH TERRACE BAY #3 DAVIE, FL 33317 US</b>		
2. Principal Place of Business <b>2301 SW 66th Terrace</b>		3. Mailing Address <b>(same as #2)</b>			
Suite, Apt. #, etc. <b>Bay #6</b>		Suite, Apt. #, etc.			
City & State <b>Davie, FL</b>		City & State			
Zip <b>33317</b>		Country		4. FEI Number <b>11-3658067</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>MCKINNEY, MICHAEL S 2301 S.W. 68TH TERRACE BAY #3 DAVIE, FL 33317</b>					
7. Name and Address of New Registered Agent Name <b>Michael S. McKinney</b> Street Address (P.O. Box Number is Not Acceptable) <b>2301 SW 66th Terrace</b> Bay #6 City <b>Davie, FL</b> Zip Code <b>33317</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCKINNEY, MICHAEL S 2301 S W 66TH TERRACE DAVIE, FL 33317</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Michael S. McKinney 2301 SW 66th Terrace, Bay #6 Davie, FL 33317</b> <input checked="" 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	
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: <u><i>M. McKinney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-10-04 <small>Date</small>		
954-893-6030 <small>Daytime Phone #</small>					