

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000110870

1. Entity Name
AFTER MARKET INVESTMENTS, INC.



Principal Place of Business
341 S.E. 6TH TERRACE
POMPANO BEACH, FL 33060

Mailing Address
341 S.E. 6TH TERRACE
POMPANO BEACH, FL 33060



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1978805

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARK, LISA
341 S.E. 6TH TERRACE
POMPANO BEACH, FL 33060

DO NOT WRITE
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 date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
CLARK, LISA
341 SE 6TH TERRACE
POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
BELLO, LEAH
1910 NW 88 WAY
PEMBROKE PINES, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BELLO, LUIS E
1910 NW 88 WAY
PEMBROKE PINES, FL 33024

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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04/25/05-80087-011 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lisa Clark President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

Date

904 941 3234

Daytime Phone #