

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035335

FILED
Apr 23, 2009
Secretary of State

Entity Name: A.M. & ASSOCIATES ENTERPRISES, P.A.

Current Principal Place of Business:

8910 BYRON AVE.
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

8910 BYRON AVE.
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 06-1685894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANIUK, MABEL
8910 BYRON AVE.
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROMANIUK, MABEL
Address: 8910 BYRON AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: S () Delete
Name: ROMANIUK, ADRIAN
Address: 8910 BYRON AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: ROMANIUK, PATRICIA A
Address: 8910 BYRON AVE
City-St-Zip: SURFSIDE, FL 33154

Title: S () Change (X) Addition
Name: ROMANIUK-BAGUER, ELIZABETH
Address: 8910 BYRON AVE
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MABEL ROMANIUK

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date