


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

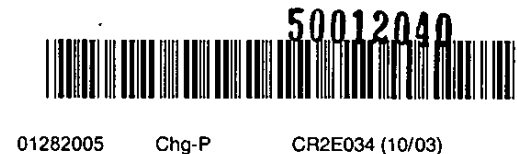
02-08-2005 90016 011 ***150.00

DOCUMENT # P03000037354		
1. Entity Name A & M MARINE TAILORS, INC.		

Principal Place of Business 12201 SOUTHWEST 6TH STREET MIAMI, FL 33184	Mailing Address 12201 SOUTHWEST 6TH STREET MIAMI, FL 33184
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2. Principal Place of Business <i>1725 W 33 Place</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Hialeah, FL</i>	City & State
Zip <i>33012</i>	Country



4. FEI Number 83-0354774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OVIEDO, ALEXANDER 12201 SOUTHWEST 6TH STREET MIAMI, FL 33184	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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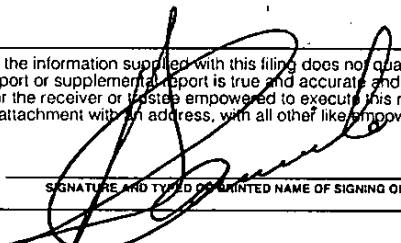
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVIEDO, ALEXANDER 12201 SOUTHWEST 6TH STREET MIAMI, FL 33184 <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	VD GUERRERO, FULGENCIO M 12201 SOUTHWEST 6TH STREET MIAMI, FL 33184 <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
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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:  DATE: *2/2/05* (305) 5571414 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR