
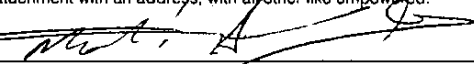


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90400 009 \*\*\*150.00

<b>DOCUMENT # P03000045630</b> 1. Entity Name <b>A &amp; M ARCHITECTURAL MILLWORK, INC.</b>					
Principal Place of Business <i>A2</i> <b>7816 TROPICANA STREET</b> <b>MIRAMAR, FL 33023</b> <i>1200 Stirling Rd</i>			Mailing Address <i>A2</i> <b>7816 TROPICANA STREET</b> <b>MIRAMAR, FL 33023</b>		
2. Principal Place of Business <b>1200 STIRLING ROAD</b> Suite, Apt. #, etc. <b>#5A AND B</b> City & State <b>DANIA, FL</b>		3. Mailing Address <b>1200 STIRLING ROAD</b> Suite, Apt. #, etc. <b>#5A AND B</b> City & State <b>DANIA, FL</b>		40057768  01272006 Chg-P CR2E034 (11/05)	
Zip <b>33023</b> Country <b>USA</b>		Zip <b>33023</b> Country <b>USA</b>		4. FEI Number <b>30-0189051</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOSEPH K. NOFIL P.A.</b> <b>3284 NORTH STATE RD. 7</b> <b>LAUDERDALE LAKES, FL 33319</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	PTD JEHALUDI, MOHAMED A <input type="checkbox"/> Delete <b>7816 TROPICANA STREET</b> <b>MIRAMAR, FL 33023</b> <i>11311 Redberry Dr UNIT D 33330</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMY, MARC J <input type="checkbox"/> Delete <b>7924 TROPICANA ST.</b> <b>MIRAMAR, FL 33023</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEHALUDI, ASIF A <input type="checkbox"/> Delete <b>10204 SW 20TH CT.</b> <b>MIRAMAR, FL 33023</b>		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 exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-17-06 - 954-929-1819 <small>Date Daytime Phone #</small>		