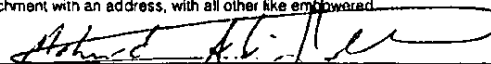


2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/23/2007-90266-008-\$130.00-\$130.00

FILED
07 JUN 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000045630			
1. Entity Name A & M ARCHITECTURAL MILLWORK, INC.			
Principal Place of Business 1200 STIRLING RD MIRAMAR, FL 33023		Mailing Address 1200 STIRLING RD MIRAMAR, FL 33023	
2. Principal Place of Business - No P.O. Box # 1200 STIRLING ROAD		3. Mailing Address 1200 STIRLING ROAD	
Suite, Apt. #, etc. #5A AND B		Suite, Apt. #, etc. #5A AND B	
City & State MIRAMAR, FL		City & State MIRAMAR, FL	
Zip 33023	Country USA	Zip 33023	Country USA
6. Name and Address of Current Registered Agent JOSEPH K. NOFIL P.A. 3284 NORTH STATE RD. 7 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 400105417264 07/03/07--01057--010 **20.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JEHALUDI, MOHAMED A 11311 REDBERRY DR FORT LAUDERDALE, FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMY, MARC J 7924 TROPICANA ST. MIRAMAR, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEHALUDI, ASIF A 10204 SW 20TH CT. MIRAMAR, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B6/27/07 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 4-16-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	