


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90002 026 ***150.00

DOCUMENT # P03000057408	
1. Entity Name A & M FULL SERVICES, CORP.	

Principal Place of Business 5490 16TH PLACE SW UNIT 106 NAPLES, FL 34116-4961	Mailing Address 5490 16TH PLACE SW UNIT 106 NAPLES, FL 34116-4961
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54057767



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05182004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 02-0692847	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HIGAKI, ALFONSO 5490 16TH PLACE SW UNIT 106 NAPLES, FL 34116-4961

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD HIGAKI, ALFONSO 5490 16TH PLACE SW #106 NAPLES, FL 341164961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD ACUNA, ANDRES 5490 16TH PLACE SW #106 NAPLES, FL 341164961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:  UP. **May-21-2004**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

Attachment

54057767



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 18, 2004

A & M FULL SERVICES, CORP.
5490 16TH PLACE SW
UNIT 106
NAPLES, FL 34116-4961

SUBJECT: A & M FULL SERVICES, CORP.
Ref. Number: P03000057408

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

An officer or director must sign the report.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

4933

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 204A00034851

www.irs.gov ✓

Attachment 54057767

#P03000057408

A & m Full Services Corp.
5490 16th PL. SW - Unit. 106
Naples FL. 34116
230-304-5269

May 04, 2004

FLORIDA DEPARTMENT OF STATE
Secretary of state
Glenda E. Hood
DIVISION OF CORPORATIONS

RE: Pay of the charge for my Annual Report

Attached CH. No: 0000000000 of Bank of America for the value of \$150.00, for concept of the charge for my Annual Report.

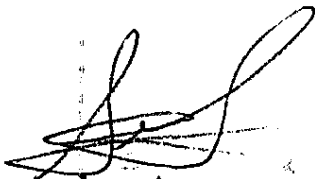
The Annual Report was made for file online, the 29/04/2004, the **Document number is P03000057408 and Tracking Number is 300034859993.**

The pay wasn't possible to make, because my internet system was off in that moment.

We were calling your help desk at (850)245-6939, but it wasn't possible to contact you.

Today, we could contact you and told us that we had to send a check with the amount specified in the report made online, attaching a copy of printed report.

Thank you,



Andres Acuna
Vice President