2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057408

Entity Name: A & M FULL SERVICES, CORP.

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1021 23RD ST SW 1380 21RST ST.SW NAPLES, FL 341174333 NAPLES, FL 34117 US

Current Mailing Address: New Mailing Address:

1021 23RD ST SW 1380 21RST ST. SW NAPLES, FL 341174333 NAPLES, FL 341117 US

FEI Number: 02-0692847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 HIGAKI, ALFONSO
 HIGAKI, ALFONSO

 1021 23RD ST SW
 1380 21RST ST SW

 NAPLES, FL 341174333 US
 NAPLES, FL 34117 US

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: ALFONSO HIGAKI 09/04/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIGAKI, ALFONSO

 Name:
 HIGAKI, ALFONSO

 Address:
 1021 23RD ST SW

 City-St-Zip:
 NAPLES, FL 341174333

 Title:
 VD () Delete

 Name:
 ACUNA, ANDRES

 Address:
 1021 23RD ST SW

 City-St-Zip:
 NAPLES, FL 341174333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: HIGAKI, ALFONSO
Address: 1380 21RST ST. SW
City-St-Zip: NAPLES, FL 34117 US

Title: VD (X) Change () Addition

Name: ACUNA, ANDRES Address: 1380 21RST ST.SW City-St-Zip: NAPLES, FL 34117

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: ANDRES ACUNA VD 09/04/2007