


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90308 036 \*\*\*150.00

<b>DOCUMENT # P03000060985</b>	
1. Entity Name <b>A &amp; M REALTY SERVICES, INC.</b>	

Principal Place of Business <b>PMB 115 3906 W 12 AV HIALEAH, FL 33012</b>	Mailing Address <b>PMB 115 3906 W 12 AV HIALEAH, FL 33012</b>
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2. Principal Place of Business <b>4501 Palm Ave</b>	3. Mailing Address <b>4501 Palm Ave</b>
Suite, Apt. #, etc. <b>203</b>	Suite, Apt. #, etc. <b>203</b>
City & State <b>Hialeah, FL</b>	City & State <b>Hialeah, FL</b>
Zip <b>33012</b>	Country <b>U.S.</b>

04242004 Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0692241</b>	Applied For <input type="checkbox"/> 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 <b>PEREZ, MIGDALIA 3906 W 12 AVE HIALEAH, FL 33012</b>	
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7. Name and Address of New Registered Agent	
Name <b>Perez, Migdalia</b>	
Street Address (P.O., Box Number is Not Acceptable) <b>4501 Palm Ave Suite 203</b>	
City <b>Hialeah</b>	FL Zip Code <b>33012</b>

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: **4/24/04.**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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	<b>D PEREZ, MIGDALIA PMB 115 3906 W 12 AV HIALEAH, FL 33012</b> <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
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	<b>4501 Palm Ave #203 Hialeah, FL 33012</b> <input checked="" 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
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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:  **Migdalia Perez** DATE: **4/24/04** DAYTIME PHONE #: **305-819-0070**