04/28/2004 21:10 5613917793 ANGEL LANA

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91040 027 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064101

1. Entity Name
AAM . CONSULTING SERVICES INC

Principal Place of Business	Mailing Address
3300 W. ROLLING HILLS CIR., SUITE 601 DAVIE, FL 33328	3300 W. ROLLING HILLS CIR., SUITE 601 DAVIE, FL 33328

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6070 GLENDALE DRIVE		6070 GLENDALE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON FL		City & State: BOCA RATON FL	
Zip: 33433	Country: USA	Zip: 33433	Country: USA

4. FEI Number: 02-0698775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASPONS, ANDRES
3300 W. ROLLING HILLS CIR., SUITE 601
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name: MASPONS, ANDRES
Street Address (P.O. Box Number is Not Acceptable): 6070 GLENDALE DRIVE
City: BOCA RATON FL Zip Code: 33433

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 X [signature] ANDRES MASPONS 04-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASPONS, ANDRES 3300 W. ROLLING HILLS CIR., SUITE 601 DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASPONS, ANDRES 6070 GLENDALE DRIVE BOCA RATON FL 33433	☒ 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		☐ 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

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: X [signature] ANDRES MASPONS 04-28-04 754-224-8137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #