
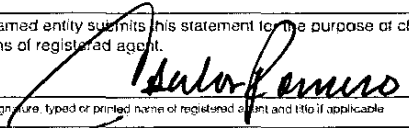
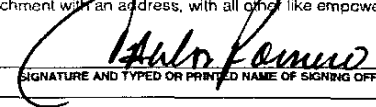


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90041 001 ***158.75

DOCUMENT # P03000096194 1. Entity Name AAM SERVICE, CORP.			
Principal Place of Business 9346 NW 13TH STREET BAY 24 MIAMI, FL 33172		Mailing Address 9346 NW 13TH STREET BAY 24 MIAMI, FL 33172	
2. Principal Place of Business 9346 N.W. 13th ST. Suite, Apt. #, etc. BAY 24 City & State Miami FL Zip 33172		3. Mailing Address 9346 N.W. 13th ST. Suite, Apt. #, etc. BAY 24 City & State Miami FL Zip 33172	
Country DADE		Country DADE	
4. FEI Number 20-0239990		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMERO, CRISTINA 8300 SW 118TH TERRACE MIAMI, FL 33156		7. Name and Address of New Registered Agent Name ROMERO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 8300 SW 118th Terr City Miami FL Zip Code 33156	
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 01/14/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ROMERO, CRISTINA STREET ADDRESS 8300 SW 118TH TERRACE CITY-ST-ZIP MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE PD NAME ROMERO, CARLOS STREET ADDRESS 8300 SW 118th Terr CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME UGARDE, AILEEN STREET ADDRESS 9255 SW 38TH STREET CITY-ST-ZIP MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE VP NAME UGARDE, LUIS STREET ADDRESS 9255 SW 38th STREET CITY-ST-ZIP Miami, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		Date 01/14/05 Daytime Phone # 305-216-4391	