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Aug 15, 2006 8:00 am
Secretary of State

08-01-2006 90002 037 ***150.00
08-15-2006 90005 034 ***400.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000096194

1. Entity Name
AAM SERVICE, CORP.

50025267

Principal Place of Business	Mailing Address
9346 NW 13TH STREET BAY 24 MIAMI, FL 33172	9346 NW 13TH STREET BAY 24 MIAMI, FL 33172

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2501 N.W. 74 AVE		Suite, Apt. #, etc. 2501 N.W. 74 AVE	
City & State Miami, FL		City & State Miami, Fl	
Zip 33122	Country US	Zip 33122	Country US.

07062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0239990 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMERO, CARLOS
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)
2501 N.W. 74th AVE.
City Miami FL Zip Code 33122

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 [signature] 7-22-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROMERO, CARLOS		NAME		
STREET ADDRESS	8300 SW 118TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	UGARDE, LUIS		NAME		
STREET ADDRESS	9255 SW 38TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 7/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #