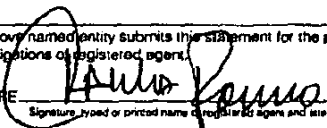
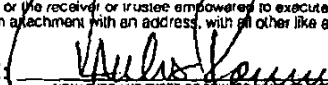


FILED
Aug 15, 2006 8:00 am
Secretary of State

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.			
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		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	
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. 74 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:  DATE: 7-22-06 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 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 NAME: ROMERO, CARLOS STREET ADDRESS: 8300 SW 118TH TERRACE CITY- ST- ZIP: MIAMI, FL 33156 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP: ☐ Change ☐ Addition	
TITLE: VP NAME: UGARDE, LUIS STREET ADDRESS: 9255 SW 38TH STREET CITY- ST- ZIP: MIAMI, FL 33185 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP: ☐ Change ☐ Addition	
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 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: 7/22/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50025267



07062006 Chg-P CR2E034 (11/05)