

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 038 ***150.00

DOCUMENT # P03000096194

1. Entity Name
AAM SERVICE, CORP.



Principal Place of Business
**2501 NW 74TH AVE
MIAMI, FL 33122**

Mailing Address
**2501 NW 74TH AVE
MIAMI, FL 33122**

50000737



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0239990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROMERO, CARLOS
2501 NW 74TH AVE
MIAMI, FL 33122**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROMERO, CARLOS
STREET ADDRESS	8300 SW 118TH TERRACE
CITY - ST - ZIP	MIAMI, FL 33156

TITLE	VP
NAME	UGARDE, LUIS
STREET ADDRESS	9255 SW 38TH STREET
CITY - ST - ZIP	MIAMI, FL 33165

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/07

305-592-8552