## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000099012

1. Entity Name AMV TAX SERVICES, INC.



**FILED** Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90149 046 \*\*\*155.00

Principal Place of Business 1800 WEST 49TH STREET SUITE 324-N HIALEAH, FL 33012 US Mailing Address

1800 WEST 49TH STREET SUITE 324-N HIALEAH, FL 33012 US



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) Ó2102006

Applied For 4. FEI Number 20-0221296 Not Applicable \$8.75 Additional

5.' Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MACKENZIE, JORGE D 1800 WEST 49TH STREET SUITE 324-N

## DO NOT WRITE IN THIS SPACE

HIALEAH,	FL 33012						
8. The above the obligati	named entity submits this statement for the pi ons of registered agent.	urpose of changing its registere	d office or re	gistered agent, or bo	oth, in the State of Fl	orida. Tam familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registured agent and title if	applicable. (NOTE: Registered	1 Agent signature	required when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing 🗹	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS					•	
THLE NAME STREET ADDRESS CHY-ST-ZIP	PD MACKENZIE, JORGE D 1800 WEST 49TH STREET - SUITE 324-N HIALEAH, FL 33012						
NAME STREET ADORESS CHY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOTV		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS S	PACE	
TITLE							

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS