FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90022 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105800

1. Entity Name
A & M TECHNOLOGIES CORPORATION

Principal Place of Business	Mailing Address
358 SW A63RD AVENUE PEMBROKE PINES, FL 33027	358 SW A63RD AVENUE PEMBROKE PINES, FL 33027

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2271 W. 77. ST		358 SW 163 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HIALEAH, Fl		City & State: PEMBROKE PINES FL	
Zip: 33016	Country: USA	Zip: 33027	Country: USA

4. FEI Number 20-0595035 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LEON, ANA M
358 SW 163RD AVENUE
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEON, ANA M		NAME		
STREET ADDRESS	358 SW 163RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINESQ, FL 33027		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEON, JOSE A		NAME		
STREET ADDRESS	358 SW 163RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		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 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: Gualdaría Schettino de Leon 01/14/04 3055580495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #