

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000087438

1. Entity Name
AMSM INVESTMENTS GROUP, INC.



Principal Place of Business
**8585 SUNSET DR STE 120
MIAMI, FL 33143**

Mailing Address
**5120 ORDUNA DR
CORAL GABLES, FL 33146**

FILED
07 MAR 30 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04/24/06 90422 0478150.00
01242007 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-1202843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ATTORNEY CORPORATE REPORTING SERVICES
9100 S DADELAND BLVD STE 1607
MIAMI, FL 33156**

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

**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	DP
NAME	SANCHEZ, JOSE A
STREET ADDRESS	8585 SUNSET DR STE 120
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	DS
NAME	SANCHEZ, MELISSA
STREET ADDRESS	8585 SUNSET DR STE 120
CITY - ST - ZIP	MIAMI, FL 33143
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: Melissa Sanchez **MELISSA SANCHEZ** 1/24/07 305-273-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7C 4/4