2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 10, 2006
Secretary of State

DOCUMENT# P04000109634

Entity Name: AMA IMMIGRATION SERVICES, INC.

Current Principal Place of Business:

6289 W SUNRISE BLVD
202
SUNRISE, FL 333135533

New Principal Place of Business:

Current Mailing Address:

6289 W SUNRISE BLVD
202
SUNRISE, FL 333135533

New Mailing Address:

FEI Number: 27-0098940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTOINE, MARIE ANGE P
6289 W SUNRISE BLVD
SUITE 202
SUNRISE, FL 333135533 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANTOINE, MARIE ANGE
Address: 2912 SW 174TH AVE
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: ANTOINE, VINCENT
Address: 2912 SW 174TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DM ( ) Change (X) Addition
Name: LOUIS, GRACIEUSE A
Address: 12901 NE 13TH AVENUE
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Change (X) Addition
Name: ANTOINE, YVETOT
Address: 2200 N. SHIRMAN CIRCLE APT 405
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE ANGE ANTOINE P 05/10/2006

Electronic Signature of Signing Officer or Director — Date