

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109634

Entity Name: AMA IMMIGRATION SERVICES, INC.

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

6289 W SUNRISE BLVD
119
SUNRISE, FL 333135533

Current Mailing Address:

6289 W SUNRISE BLVD
119
SUNRISE, FL 333135533

New Principal Place of Business:

6289 W SUNRISE BLVD
202
SUNRISE, FL 333135533

New Mailing Address:

6289 W SUNRISE BLVD
202
SUNRISE, FL 333135533

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 119
SUNRISE, FL 333135533 US

Name and Address of New Registered Agent:

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

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: MARIE ANGE ANTOINE

07/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANTOINE, MARIE ANGE
Address: 8522 SKYBAR LAKE COVE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: D (X) Change () Addition
Name: ANTOINE, VINCENT
Address: 8522 SKYBAR LAKE COVE
City-St-Zip: BOYNTON BEACH, FL 33473

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

I hereby certify that the information supplied with this filing does not qualify 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

07/07/2008

Electronic Signature of Signing Officer or Director

Date