
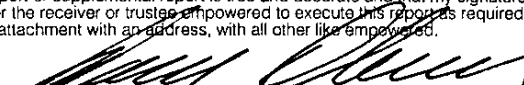


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 JUL -7 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000122233			
1. Entity Name A.M.A. REAL ESTATE INVESTMENTS, INC.			
Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175		Mailing Address <del>2460 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>	
2. Principal Place of Business		3. Mailing Address 4551 Ponce de Leon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
		33146	USA
4. FEI Number		Applied For	
20-1918964		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
A&A REGISTERED AGENT, INC. <del>2460 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		4551 Ponce de Leon Blvd.	
		City Coral Gables FL Zip Code 33146	
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		DATE	
Gretel Rodriguez, President		4/1/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D, PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIAN, PEDRO	NAME	600057218366
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238	STREET ADDRESS	07/08/05--01037--018 **150.00
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CARMEN L. OCHOA
STREET ADDRESS		STREET ADDRESS	2460 SW 137 AVENUE, STE. 238
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33175
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 4/28/05 Daytime Phone #: (305) 221-1515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	