


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90078 017 ***150.00

DOCUMENT # P04000122727		
1. Entity Name A & M AMERICAN AWNING, INC.		

Principal Place of Business 4640 SW 75TH AVE. MIAMI, FL 33155	Mailing Address 4640 SW 75TH AVE. MIAMI, FL 33155
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
PARRA, JOSE M 12052 NW 13 ST PEMBROKE PINES, FL 33026	

40052760



04102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1548093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Manuel E. Castro	
Street Address (P.O. Box Number is Not Acceptable) 8067 SW 73rd Ave #26	
City Miami	FL Zip Code 33143

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 <i>Manuel E. Castro</i>	DATE 04/10/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARRA, JOSE M		NAME Castro Manuel E	
STREET ADDRESS 12052 NW 13 ST		STREET ADDRESS 8067 SW 73rd Ave #26	
CITY-ST-ZIP PEMBROKE PINES, FL 33026		CITY-ST-ZIP MIAMI, FL 33143	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTRO, MANUEL E		NAME Alba Parra	
STREET ADDRESS 8067 SW 73RD AVE #26		STREET ADDRESS 12052 NW 13th St	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP Pembroke Pines, FL 33026	
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	
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 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 an other like empowered.	
SIGNATURE: <i>Manuel E. Castro</i>	DATE: 04/10/06 DAYTIME PHONE: (305) 6498494