


2006 FOR PROFIT CORPORATION REINSTATEMENT

1082

DOCUMENT # P04000133421		
1. Entity Name A.M. INSURANCE SERVICES OF MIAMI, INC.		

FILED

06 JUN 19 PM 1:01

STATE OF FLORIDA

Principal Place of Business 6332 SW 127 COURT MIAMI, FL 33183	Mailing Address 6332 SW 127 COURT MIAMI, FL 33183
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

REINSTATEMENT 05-06

City & State	City & State
Zip	Country

4. FEI Number 223903422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LLOYD, ALDA MARGARITA 6332 SW 127 COURT MIAMI, FL 33183	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD, AIDA 6332 SW 127 COURT MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000075536780 06/23/06--01058--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUEVARA, GEORGE L 6332 SW 127 COURT MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000075536780 06/23/06--01058--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____	6/16/06	Date	Daytime Phone # _____
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B. Mitchell JUN 20 2006

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George Guevara
AM Insurance Services of Miami Inc.
6332 sw 127 court
Miami Fl. 33183
EIN# 22-3903422

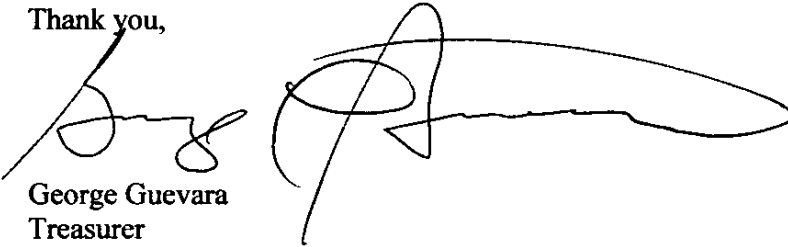
Dear Sir;

We never received our annual report.

Enclosed please find two checks for 2005 and 2006 filings.

Thank you,

George Guevara
Treasurer

A handwritten signature in black ink, appearing to be 'George Guevara', written over a horizontal line.