
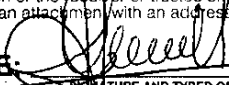


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90001 046 ***158.75

| | | | |
|--|---|--|--|
| DOCUMENT # P04000157587 1. Entity Name AWS SERVICES, CORP. | |  | |
| Principal Place of Business 2228 SW 14TH STREET FORT LAUDERDALE, FL 33312 | | Mailing Address 2228 SW 14TH STREET FORT LAUDERDALE, FL 33312 | |
| 2. Principal Place of Business - No P.O. Box # AWS Services Corp Suite, Apt. #, etc. 3210 SW 16 CT City & State Ft Lauderdale - FL Zip 33312 Country USA | | 3. Mailing Address 3210 SW 16 CT Suite, Apt. #, etc. 3210 SW 16 CT City & State Ft Lauderdale - FL Zip 33312 Country USA | |
| 4. FEI Number 20-1909205 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 06092008 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent NOFIL, JOSEPH K P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 | | 7. Name and Address of New Registered Agent Name LUIS SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 3210 SW 16 CT City Ft Lauderdale FL Zip Code 33312 | |
| 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 (re) stating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD SANCHEZ, LUIS W 2228 SW 14TH STREET FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P-VP Luis W. SANCHEZ 3210 SW 16 CT Ft Lauderdale - FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTSD SANCHEZ, ALICIA 2228 SW 14TH STREET FORT LAUDERDALE, FL 33312 <input checked="" 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 |
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| 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:  | | Date 06/03/08 Daytime Phone # 754-234-6924 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |