

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90086 034 \*\*\*150.00

<b>DOCUMENT # P04000164286</b> 1. Entity Name <b>AM DEVELOPMENT &amp; INVESTMENTS, INC.</b>					
Principal Place of Business <b>471 18TH AVENUE NE NAPLES, FL 34120</b>				Mailing Address <b>471 18TH AVENUE NE NAPLES, FL 34120</b>	
2. Principal Place of Business - No P.O. Box # <b>4075 Pine Ridge Rd</b>		3. Mailing Address <b>15275 Collier Blvd</b>			
Suite, Apt. #, etc. <b>Ste 10 and 11</b>		Suite, Apt. #, etc. <b>ste 201 - Box 310</b>			
City & State <b>Naples, FL</b>		City & State <b>Naples FL</b>			
Zip <b>34119</b>		Country <b>U.S.A</b>		Zip <b>34119</b>	
Country <b>U.S.A</b>		4. FEI Number <b>41-2158323</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MADERA, ANGEL JR. 471 18TH AVENUE NE NAPLES, FL 34120</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADERA, ANGEL SR. 471 18TH AVENUE NE NAPLES, FL 34120 <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	D MADERA, ANGEL JR. 471 18TH AVENUE NE NAPLES, FL 34120 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>3/26/07</b> 239-2815		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Angel Madera Jr</b>					