2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165689

Entity Name: AM & MS CORP.

FILED Mar 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9865 PINES BLVD 9865 PINES BLVD

PEMBROKE PINES, FL 33324 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

9865 PINES BLVD 9865 PINES BLVD

PEMBROKE PINES, FL 33324 PEMBROKE PINES, FL 33024

FEI Number: 20-2036711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VELEZ-MAYMI, MIGUEL VELEZ-MAYMI, MIGUEL 9865 PINES BLVD 9865 PINES BLVD

PEMBROKE PINES, FL 33324 US PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: MIGUEL VELEZ-MAYMI 03/23/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 VELEZ, AUSTIN
 Name:
 VELEZ, AUSTIN

Address: 9865 PINES BLVD Address: 9865 PINES BLVD

City-St-Zip: PEMBROKE PINES, FL 33324 City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPST () Delete Title: VPST (X) Change () Addition Name: VELEZ-MAYMI, MAYRAN Name: VELEZ-MAYMI, MAYRA

Address: 9865 PINES BLVD Address: 9865 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33324 City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete Title: D (X) Change () Addition

 Name:
 VELEZ-MAYMI, MAYRAN
 Name:
 VELEZ-MAYMI, MAYRA

 Address:
 9865 PINES BLVD
 Address:
 9865 PINES BLVD

City-St-Zip: PEMBROKE PINES, FL 33324 City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA VELEZ-MAYMI D 03/23/2005