


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90107 034 ***150.00

DOCUMENT # P05000020240	
1. Entity Name AMERICAN MEDICAL EVALUATION SERVICES, INC.	

Principal Place of Business 9600 NW 38TH STREET SUITE 204 MIAMI, FL 33178	Mailing Address 9600 NW 38TH STREET SUITE 204 MIAMI, FL 33178
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2. Principal Place of Business - No P.O. Box # 2600 W. 84 STREET	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State
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Zip 33016	Country US	Zip	Country
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40101511



03162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2301667	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTRO, MANUEL 9600 NW 38TH STREET SUITE 204 MIAMI, FL 33178	7. Name and Address of New Registered Agent Name MANUEL CASTRO Street Address (P.O. Box Number is Not Acceptable) 2600 W 84 STREET City MIAMI FL Zip Code 33016
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	PD CASTRO, MANUEL 9600 NW 38TH STREET #204 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MANUEL CASTRO 2600 W 84 STREET MIAMI, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DOMINGUEZ, ENRIQUE 9600 NW 38TH STREET #204 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ENRIQUE DOMINGUEZ 2600 W 84 STREET MIAMI, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ORTIZ, JESUS 9600 NW 38TH STREET #204 MIAMI, FL 33178 <input checked="" 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: 	MANUEL CASTRO	4/25/07	305-825-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #