

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90026 032 \*\*\*150.00

<b>DOCUMENT # P05000051067</b> 1. Entity Name <b>A &amp; M SUPPORT GROUP INC.</b>					
Principal Place of Business <b>8810 FONTAINBLEAU BLVD #413</b> <b>MIAMI, FL 33172</b>			Mailing Address <b>8810 FONTAINBLEAU BLVD #413</b> <b>MIAMI, FL 33172</b>		
2. Principal Place of Business <b>5711 NW 112 Ave</b> Suite, Apt. #, etc. <b># 203</b>		3. Mailing Address <b>5711 NW 112 Ave</b> Suite, Apt. #, etc. <b># 203</b>			
City & State <b>Doral, Florida</b>		City & State <b>Doral, Florida</b>		4. FEI Number <b>20-2662387</b>	
Zip <b>33178</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, PEDRO</b> <b>8810 FONTAINBLEAU BLVD #413</b> <b>MIAMI, FL 33172</b>				7. Name and Address of New Registered Agent Name <b>Gonzalez, Pedro</b> Street Address (P.O. Box Number is Not Acceptable) <b>5711 NW 112 Ave # 203</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33178</b>	
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 <span style="float: right;">5/9/06</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE: IS \$150.00</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>GONZALEZ, PEDRO</b> <b>8810 FONTAINBLEAU BLVD #413</b> <b>MIAMI, FL 33172</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>Gonzalez, Pedro</b> <b>5711 NW 112 Ave # 203</b> <b>Doral, FL 33178</b>	<input checked="" 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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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:			5/9/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		