
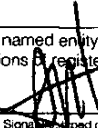
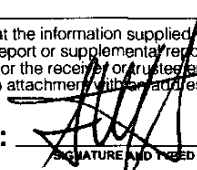


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90036 041 \*\*\*150.00

<b>DOCUMENT # P05000115760</b> 1. Entity Name <b>AMSV INVESTMENT, INC</b>					
Principal Place of Business <b>170 OCEAN LANE DR SUITE 903 KEY BISCAVNE, FL 33149</b>			Mailing Address <b>170 OCEAN LANE DR SUITE 903 KEY BISCAVNE, FL 33149</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03022007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>20-3339236</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, ALFONSO 170 OCEAN LANE DR SUITE 903 KEY BISCAVNE, FL 33149</b>			7. Name and Address of New Registered Agent Name <b>Martinez, Alfonso</b> Street Address (P.O. Box Number is Not Acceptable) <b>50 Ocean lane Drive #405</b> City <b>Key Biscayne FL</b> Zip Code <b>33149</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:  DATE: <b>3/7/2007</b> <small>Signature is printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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	P <b>MARTINEZ, ALFONSO 170 OCEAN LANE DR SUITE 903 KEY BISCAVNE, FL 33149</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Martinez, Alfonso 50 ocean lane Dr. #405 Key Biscayne, FL 33149</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 all other like empowered.					
SIGNATURE: 		Date: <b>3/7/2007</b> Daytime Phone #: <b>(786) 356-2322</b>			