

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116555

Entity Name: A & M PROJECT INC

FILED  
Apr 16, 2008  
Secretary of State

**Current Principal Place of Business:**

14275 NW 21 ST  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

14275 NW 21 ST  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 20-3346029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE ARMAS, MADELINE  
14275 NW 21 ST  
PEMBROKE PINE, FL 33028 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DE ARMAS, MADELAINE  
Address: 14275 NW 21 ST  
City-St-Zip: PEMBROKE, FL 33028

Title: VP ( ) Delete  
Name: ALVAREZ, ADA J  
Address: 1319 NW 113TH TERR  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MADELAINE DE ARMAS

P

04/16/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date