2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# P06000081630

Entity Name: AM PROFESSIONAL SERVICES, CORP

Current Principal Place of Business:

5546 BURR ST.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

909 ALASKA AVE
LEHIGH ACRES, FL 33971

Current Mailing Address:

5546 BURR ST.
LEHIGH ACRES, FL 33971

New Mailing Address:

P.O. BOX 7170
FORT MYERS, FL 33911

FEI Number: 20-5063052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E. SAMPLE RD.
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
2ND FLOOR
DEERFIELD BEACH, FL 33441 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: TAX HOUSE CORPORATION 05/09/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DA SILVA, MARCOS S
Address: 5546 BURR ST.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete
Name: VIDAL, AGNALDO C
Address: 5546 BURR ST.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Delete
Name: CANDIDO SANTOS, JULIO CEZAR
Address: 5546 BURR ST.
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DA SILVA, MARCOS S
Address: 909 ALASKA AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Change ( ) Addition
Name: VIDAL, AGNALDO C
Address: 909 ALASKA AVE
City-St-Zip: LEHIGH ACRES, FL 33971

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: MARCOS S DA SILVA P 05/09/2008
Electronic Signature of Signing Officer or Director Date