

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146530

Entity Name: AMS WHOLESALERS INC.

FILED  
Mar 04, 2009  
Secretary of State

## Current Principal Place of Business:

17604 US HIGHWAY 41, STE11A  
LUTZ, FL 33549 US

## New Principal Place of Business:

17604 US HIGHWAY 41  
11A  
LUTZ, FL 33549 US

## Current Mailing Address:

5043 QUAIL COVE LANE  
WESLEY CHAPEL, FL 33543 US

## New Mailing Address:

FEI Number: 11-3799640      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PIORKOWSKI, AGNIESZKA T SMM  
5254 6TH STREET  
SUITE 2  
ZEPHYRHILLS, FL 33542 US

## Name and Address of New Registered Agent:

PIORKOWSKI, AGNIESZKA T V/P  
5043 QUAIL COVE LN  
WESLEY CHAPEL, FL 33543 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: AGNIESZKA PIORKOWSKI

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: PRZYCHODZKI, MACIEJ  
Address: 5254 6TH STREET SUITE 2  
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: CEO (X) Delete  
Name: PIORKOWSKI, DARIUSZ  
Address: 5254 6TH STREET SUITE 2  
City-St-Zip: ZEPHYRHILLS, FL 33542 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: PIORKOWSKI, DARIUSZ P P/D  
Address: 17604 US HIGHWAY 41, STE 11A  
City-St-Zip: LUTZ, FL 33549 US

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: DARIUSZ PIORKOWSKI

P/D

03/04/2009

Electronic Signature of Signing Officer or Director

Date