

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90019 037 \*\*\*150.00

<b>DOCUMENT # P07000067669</b>					
<b>1. Entity Name</b> AMERICAN WEST SERVICES, CORP.					
<b>Principal Place of Business</b> 3925 WEST 8TH CT HIALEAH, FL 33012 US			<b>Mailing Address</b> 3925 WEST 8TH CT HIALEAH, FL 33012 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 9350 FOUNTAINEBLEAU BLVD Suite, Apt. #, etc. C-313		<b>3. Mailing Address</b> 9350 FOUNTAINEBLEAU BLVD Suite, Apt. #, etc. C-313			
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 26-0327751	
<b>Zip</b> 33172		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CARDOSO, ALFONSO 5035 PAL AVE HIALEAH, FL 33012			<b>7. Name and Address of New Registered Agent</b> Name: CARDOSO, ALFONSO Street Address (P.O. Box Number is Not Acceptable): 6447 MIAMI LAKES DR E. STE # 203-J. City: MIAMI LAKES FL Zip Code: 33014		
<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.</b>					
SIGNATURE:		DATE: 03/24/08			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> MOLINA, MIGUEL A <b>STREET ADDRESS</b> 3925 WEST 8TH CT <b>CITY-ST-ZIP</b> HIALEAH, FL 33012	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> MOLINA, MIGUEL A. <b>STREET ADDRESS</b> 9350 FOUNTAINEBLEAU BLVD. C-313 <b>CITY-ST-ZIP</b> MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>		DATE: 03/24/08 (786) 715-8010			