


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000072973	
1. Entity Name AAM CONSTRUCTION, INC.	

Principal Place of Business 2300 CORAL WAY SUITE #200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE #200 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

FILED
04 APR 26 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



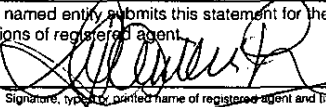
02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0527548	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY #200 MIAMI, FL 33145
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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: 	AMADA CANTERA LOPEZ 4/20/04 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ZAYAS, ABNER 40 W 61ST STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARRERO, OSVALDO 5751 NW 111 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAYAS, DELFIN 2630 W 76ST STREET APT. 212 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100034455991
04/28/04--01055--002 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: 	3/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #