2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038338

Entity Name: A & M FUEL, INC.

FILED Apr 03, 2006 Secretary of State

Littly Name: A&MTOLL, INC.						
Current Po 401 S.W. 8 MIAMI, FL		of Business:	New Princ	ipal Place of Bus	iness:	
Current Mailing Address:			New Mailing Address:			
401 S.W. 8 MIAMI, FL						
FEI Number: 65-0588596 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
ESCOBAR 401 S.W. 8 MIAMI, FL	STH ST.					
	named entity s of Florida.	submits this statement for the pur	pose of changing it	ts registered office	or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agent			Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () ESCOBAR, MAN 401 S.W. 8TH S MIAMI, FL 3313	ST.	Title: Name: Address: City-St-Zip:	V (X) Cha ESCOBAR, MANUEL 12465 SW 33 ST MIAMI, FL 33175	nge()Addition	
Title: Name: Address: City-St-Zip:	DV () ESCOBAR, MAN 12465 SW 33 S MIAMI, FL		Title: Name: Address: City-St-Zip:	DV (X) Cha ESCOBAR, MANUEL 11481 SW 95 ST MIAMI, FL 33176	nge()Addition . J	
Title: Name: Address: City-St-Zip:	DV () ESCOBAR, EDU 11837 SW 93 T MIAMI, FL		Title: Name: Address: City-St-Zip:	DV (X) Cha ESCOBAR, EDUARD 8600 SW 103 ST MIAMI, FL 33156	nge () Addition O	
Title: Name: Address: City-St-Zip:	DT () MARTA, DIAZ 11756 SW 98 T MIAMI, FL	Delete ERR	Title: Name: Address: City-St-Zip:	DT (X) Cha MARTA, DIAZ 10001 SW 79 AVE MIAMI, FL 33156	nge () Addition	
Title: Name: Address: City-St-Zip:	DS () ESCOBAR, MAF 12465 SW 33 S MIAMI, FL		Title: Name: Address: City-St-Zip:	DS (X) Cha ESCOBAR, MARTA 5819 TURIN CORAL GABLES, FL	nge () Addition . 33146	

I hereby certify that the information supplied with this filing does not qualify for the 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: EDUARDO ESCOBAR DV 04/03/2006