


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000038338</b> 1. Entity Name <b>A &amp; M FUEL, INC.</b>	
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Principal Place of Business <b>401 S.W. 8TH ST. MIAMI, FL 33130</b>	Mailing Address <b>401 S.W. 8TH ST. MIAMI, FL 33130</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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02142007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0588596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ESCOBAR, MANUEL 401 S.W. 8TH ST. MIAMI, FL 33130</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. ESCOBAR, MANUEL 12465 SW 33 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESCOBAR, MANUEL J 11481 SW 95 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESCOBAR, EDUARDO 8600 SW 103 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTA, DIAZ 10001 SW 79 AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ESCOBAR, MARTA 5819 TURIN CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000640702 02/28/07-80076-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

SIGNATURE: Marta Escobar 2/14/07 (305) 756-2136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #