2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000094033

1. Entity Name
AMR INVESTMENT CORP.

Principal Place of Business	Mailing Address
111 SAN LORENZO CORAL GABLES, FL 33146	111 SAN LORENZO CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

02232005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0633627	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOLANOS, JOSE A
2121 PONCE DE LEON BLVD SUITE 1035
CORAL GABLES, FL 33134

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PT	
NAME	ROUCO, ARMANDO M	
STREET ADDRESS	111 SAN LORENZO	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		
NAME		
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CITY-ST-ZIP		

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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: _____   2/22/05   305-443-1468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #