

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90010 030 ***150.00



DOCUMENT # P96000066124
 1. Entity Name
A & M MARKETING AND PHLEBOTOMY INC.

Principal Place of Business Mailing Address
1641 W 33 PLACE **3681 HERON RIDGE LN**
HIALEAH FL 33012 **WESTON FL 33331**
US

2. Principal Place of Business 3. Mailing Address
285 W 24 St Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite A

City & State City & State
Hialeah FL

Zip Country Zip Country
33010 *Jade*

4. FEI Number Applied For
65-0687434 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IZQUIERDO, AMAURY
3681 HERON RIDGE LN
WESTON FL 33331

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	IZQUIERDO, AMAURY	
STREET ADDRESS	3681 HERON RIDGE LN	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IZQUIERDO, MILADYS CHABO	
STREET ADDRESS	3681 HERON RIDGE LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ *02/22/04 305-884-0606*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #