

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031026

Entity Name: AHM ENTERPRISES, INC.

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

3525 ANCHORAGE WAY
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

6619 S. DIXIE HIGHWAY
PMB 382
MIAMI, FL 33143 US

Current Mailing Address:

PO BOX 330110
COCONUT GROVE, FL 33233 US

New Mailing Address:

FEI Number: 65-0746929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMENESH, PETER Z
2601 S. BAYSHORE DRIVE
SUITE 1401
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MOURNING, ALONZO H JR.
Address: 3525 ANCHORAGE WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD () Delete
Name: FURST, ALLEN
Address: 3540 ROYAL PALM AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALONZO MOURNING

PSD

04/14/2007

Electronic Signature of Signing Officer or Director

Date