

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000065617

1. Entity Name  
AMM CONSULTING, INC.



FILED

12 MAY 30 PM 1:59

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
AMM CONSULTING, INC.  
807 SW 119 WAY  
DAVIE, FL 33325

Mailing Address  
P.O. BOX 550457  
FT. LAUDERDALE, FL 33355

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

807 SW 119 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05082012

Chg-P

CR2E034 (12/11)



City & State

City & State

DAVIE, FL

4. FEI Number

65-0769991

Applied For

Not Applicable

Zip

Country

Zip

33325

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSEROFF, ALEC  
807 SW 119TH WAY  
DAVIE, FL 33325

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 28, 2012**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
MESSEROFF, ALEC  
807 SW 119TH WAY  
DAVIE, FL 33325

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000235080820  
05/30/12--01009--003 \*\*150.00

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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:

ALEC MESSEROFF 4/30/12 a/mess@aol.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS