

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000066124

**Entity Name:** A & M MARKETING AND PHLEBOTOMY INC.

**Current Principal Place of Business:**

285 W. 24 ST. STE A  
HIALEAH, FL 33010

**FILED**  
**Mar 06, 2016**  
**Secretary of State**  
**CC7143008575**

**Current Mailing Address:**

3681 HERON RIDGE LN  
WESTON, FL 33331

**FEI Number: 65-0687434**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

IZQUIERDO, AMAURY  
3681 HERON RIDGE LN  
WESTON, FL 33331 US

*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

**Officer/Director Detail :**

Title	PD	Title	VP
Name	IZQUIERDO, AMAURY	Name	IZQUIERDO, MILADYS
Address	3681 HERON RIDGE LN	Address	3681 HERON RIDGE LANE
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

*I hereby 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 all other like empowered.*

**SIGNATURE: AMAURY IZQUIERDO**

**OWNER**

**03/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date