

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 641697

**FILED
May 02, 2005
Secretary of State**

Entity Name: AMERICAN GENERAL DISTRIBUTORS, CORP.

Current Principal Place of Business:

238 SW 22 AVE
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

238 SW 22 AVE
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-1950463 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NOVO, JUAN
236 S.W. 22 AVENUE
MIAMI, FL 33135 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOVO, JUAN,
Address: 4470 SW 2ND STREET
City-St-Zip: MIAMI, FL 33134

Title: VPS () Delete
Name: NOVO, ROBERTO,
Address: 4470 SW 2ND STREET
City-St-Zip: MIAMI, FL 33134

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 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 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: JUAN NOVO

PRES

05/02/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date