2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 564807

Title:

Name:

Address:

City-St-Zip:

Entity Name: AMERICAN BROKERAGE CO. INC.

FILED Jan 13, 2009 Secretary of State

analy name: Amendo An Broker Oce 664, into						
Current Principal Place of Business:				New Principal Place of Business:		
7150 NW 50 ST. P.O. BOX 520535 (ZIP 33152) MIAMI, FL 33166				7150 NW 50 ST. MIAMI, FL 33166		
Current Mailing Address:				New Mailing Address:		
7150 NW 50 ST. P.O. BOX 520535 (ZIP 33152) MIAMI, FL 33166				7150 NW 50 ST. MIAMI, FL 33166		
FEI Number:	59-1882848	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
TORRE-VE 7150 NW 5 MIAMI, FL		GE				
	named entity s of Florida.	submits this statement for the p	ourpose of	f changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () TORRE-VERDE #2550, ONE SE MIAMI, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () TORRE-VERDE #2550, ONE SE MIAMI, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () TORRE-VERDE #2550, ONE SE MIAMI, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () TORRE-VERDE #2550, ONE SE MIAMI, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JORGE TORRE-VERDEJO PRES 01/13/2009

() Delete

TORRE-VERDÉJO, JORGE,

#2550, ONE SE 3 AVENUE

MIAMI, FL

() Change () Addition