282004 AV

FILED 2003 FOR PROFIT CORPORATION Apr 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** 564807 DOCUMENT # 1. Entity Name 04-10-2003 90089 024 ***150.00 AMERICAN BROKERAGE CO., INC. Principal Place of Business Mailing Address 7150 NW 50 ST. 7150 NW 50 ST. P.O. BOX 520535 (ZIP 33152) P.O. BOX 520535 (ZIP 33152) MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-1882848 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORRE-VERDEJO, JORGE. Street Address (P.O. Box Number is Not Acceptable) 7150 NW 50 ST. MIAMI FL 33166 City Zip Code 8. The above named entity subhits, 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 SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

 Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

10:	OFFICERS AND DIREC	TORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME 4 STREET ADDRESS CITY-ST-ZIP	PD FOR TORRE-VERDEJÖ, JORGE #2550, ONE SE 3 AVENUE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	on]
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	T TORRE-VERDEJO, JORGE #2550, ONE SE 3 AVENUE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	nc
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(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this filling does not adultify 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 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:

SIGNATION OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/0)