

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90078 007 ***150.00

DOCUMENT # 663422

1. Entity Name
AMERICAN VENTURES CORPORATION



Principal Place of Business
**255 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US**

Mailing Address
**255 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1974439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARCIA, AGNES
255 ALHAMBRA CIRCLE S-1100
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BLUMBERG, PHILIP F.
STREET ADDRESS	255 ALHAMBRA CIRCLE S#1100
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VS
NAME	BLUMBERG, PHILIP F/
STREET ADDRESS	255 ALHAMBRA CIRCLE S#1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VT
NAME	ARCIA, AGNES
STREET ADDRESS	255 ALHAMBRA CIRCLE STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	WILLIAMS, JUDE M
NAME	WILLIAMS, JUDE M
STREET ADDRESS	255 ALHAMBRA CIRCLE STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	Christopher Hyatt
STREET ADDRESS	255 Alhambra Circle STE #1100
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

Philip F. Blumberg

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-06 305-569-9500

Date

Daytime Phone #