## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 666906**

Address:

City-St-Zip:

FILED Feb 18, 2009 Secretary of State

Entity Na	me: AMERIC	AN SALES INDUSTRIES, INC	<b>)</b> .			
Current P	rincipal Plac	e of Business:	New Principal Place of Business:			
	BEACH ESTMENT LAN BEACH, FL 33					
Current M	lailing Addre	ss:	New Mailing Address:			
	BEACH ESTMENT LAN BEACH, FL 33					
FEI Number: 59-1982523 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	d Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
101	D, PAT ESTMENT LAN BEACH, FL 33					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or b	ooth,
SIGNATU	RE:					
	Electro	nic Signature of Registered A	gent		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TALERICO, PA 3560 INVESTI	) Delete kT, MENT LANE SUITE 101 CH, FL 33404 US	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( TALERICO, ST 4968 D. ALDE WEST PALM E	R DR	Title: Name: Address: City-St-Zip:	V TALERICO, S 15474 KEY L WEST PALM	IME BLVD	
Title: Name: Address: City-St-Zip:	V ( TALERICO, JO 107 CORDOB, ROYAL PALM	ACIR	Title: Name: Address: City-St-Zip:	TALERICO, J 107 CORDOI	•	
Title: Name: Address: City-St-Zip:	KUPEC, CARC 729 1/2 BISCA		Title: Name: Address: City-St-Zip:	CRESPO, DIA 1044 DUTCH		
Title: Name:	(	) Delete	Title: Name:	V JOSEPH JR	( ) Change (X) Addition TALERICO,	

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.

Address:

City-St-Zip:

17537 43RD ROAD NORTH LOXAHATCHEE, FL 33470

SIGNATURE: PAT TALERICO Ρ 02/18/2009