

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 675512

FILED
Apr 28, 2006
Secretary of State

Entity Name: AMERICAN EXECUTIVE INTERNATIONAL CORPORATION

Current Principal Place of Business:

168 SE 1ST
900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

168 SE 1ST
900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-2015929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPA, SILVIA INES
3200 COLLINS AVE., #83
MIAMI BCH., FL 33140 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALPA, SILVIA INES,
Address: 3200 COLLINS AVE. #83
City-St-Zip: MIAMI BCH., FL

Title: VP () Delete
Name: PEREYRA, MARIA MARCELA
Address: 3200 COLLINS AVE #83
City-St-Zip: MIAMI BEACH, FL

Title: VP () Delete
Name: PEREYRA, CARLOS DIEGO
Address: 555 NE 15 ST #22-K
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALPA, SILVIA INES,
Address: 168 SE 1ST STREET SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Change () Addition
Name: PEREYRA, MARIA MARCELA
Address: 168 SE 1ST STREET SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Change () Addition
Name: PEREYRA, CARLOS DIEGO
Address: 168 SE 1ST STREET SUITE 900
City-St-Zip: MIAMI, FL 33131

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

SIGNATURE: SILVIA ALPA

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date