


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90163 024 ***158.75

DOCUMENT # F04000005828 1. Entity Name AMERICA ADVISORS, INC.					
Principal Place of Business 1000 S.W. 11TH AVENUE HALLANDALE, FL 33009			Mailing Address P.O. BOX 218 DANIA, FL 33004		
2. Principal Place of Business Suite, Apt. #, etc. Sdg E, #7			3. Mailing Address Suite, Apt. #, etc. Sdg E, #7		
City & State Hallandale Beach FL			City & State Hallandale Beach FL		
Zip 33009		Country USA		4. FEI Number 13-3559004	
5. Certificate of Status Desired <input checked="" type="checkbox"/> 8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Alfred Reeves Street Address (P.O. Box Number is Not Acceptable) 1000 S.W. 11th Avenue Sdg. E, #7 City Hallandale Beach FL Zip Code 33009		
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 <u><i>Alfred Reeves</i></u> Alfred Reeves, Director 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST REEVES, ALFRED 1815 N. SURF ROAD, #604 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST 1000 S.W. 11th Ave Sdg E, #7 Hallandale Beach FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD REEVES, ALFRED 1815 N. SURF ROAD, #604 HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 <u><i>Alfred Reeves</i></u> Alfred Reeves <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/05 954-258-5341 <small>Date Daytime Phone #</small>		