

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F08575**

1. Entity Name  
**AMERICAN INTERNATIONAL REALTY, INC.**



Principal Place of Business  
**3825 HENDERSON BLVD  
STE 100  
TAMPA, FL 33629 US**

Mailing Address  
**P O BOX 18404  
TAMPA, FL 33679 US**

**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2070354</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**REIBER, SAM ATTORNEY  
3825 HENDERSON BLVD.  
SUITE 103  
TAMPA, FL 33629**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JACOBSON, MEL S
STREET ADDRESS	3825 HENDERSON BLVD., SUITE 100
CITY - ST - ZIP	TAMPA, FL 33629

TITLE	VDS
NAME	JACOBSON, CYNTHIA
STREET ADDRESS	3825 HENDERSON BLVD
CITY - ST - ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/16/07-80010-011 150.00

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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.

**SIGNATURE:** Mel S. Jacobson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07 813-876-3131  
Date Daytime Phone #