

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90073 001 \*\*\*900.00

**DOCUMENT # F93000002120**

1. Entity Name  
**AMERICAN CORPORATE INVESTMENTS, LTD.  
COMPANY**



Principal Place of Business

**THE LAKE BUILDINGS  
WICKHAMS CAY, ROAD TOWN, FIRST FLOOR  
TORTOLA, BRITISH VIRGIN ISL.**

Mailing Address

**801 BRICKELL AVE.  
16TH FLOOR  
MIAMI, FL 33131-2851**

**66009627**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINES ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BROCE, BRUNILDA  
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
PISO NO.10 PANAMA 1, R D P.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
LEDEZMA, HERIBERTO  
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
PISO NO.10 PANAMA 1, R D P.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MANSFIELD, ABDIEL  
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
PISO NO.10 PANAMA 1, R D P.**

TITLE  
\*NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

305-381-8340

Daytime Phone #