


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # K24595	
1. Entity Name AMERICAN INVESTMENTS ASSOCIATES, INC.	

Principal Place of Business 9901 SW 99 ST MIAMI, FL 33155	Mailing Address 9901 SW 99 ST MIAMI, FL 33155
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03312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0052798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUSSMAN, MARILYN 9901 SW 99 ST MIAMI, FL 33176
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SUSSMAN, MARILYN 9901 SW 99 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSSMAN, DIANNE 12297 SW 123 TER MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSSMAN, SHARI 6811 SW 80 ST MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80041-007 150.00

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 807, 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: Marilyn Susan PDS 4/1/07 305-596-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #