


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90775 030 ***150.00

DOCUMENT # K43720			
1. Entity Name AMERICAN MEETINGS & CONVENTIONS, INC.			
Principal Place of Business 5240 NW 163RD STREET MIAMI, FL 33014		Mailing Address 5240 NW 163RD STREET MIAMI, FL 33014	
2. Principal Place of Business 12027 SW 15th ST Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5856 Suite, Apt. #, etc.	
City & State Pembroke Pines		City & State MIAMI FL	
Zip 33025	Country USA	Zip 33014	Country USA
6. Name and Address of Current Registered Agent NYBERGH, KARL 5240 NW 163RD ST MIAMI, FL 33014		7. Name and Address of New Registered Agent Name Karl NYBERGH Street Address (P.O. Box Number is Not Acceptable) 12027 SW 15th ST. City Pembroke Pines FL Zip Code 33025	
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: <i>Karl</i> DATE: 4/23/2004 <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, 2004 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	SD LARKIN, ELLEN 5240 NW 163RD ST MIAMI, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NYBERGH, KARL 5240 NW 163RD ST MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO NYBERGH, Karl P.O. Box 5856 MIAMI, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, GUILLERMO 5240 NW 163RD ST MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Garcia, Guillermo P.O. Box 5856 MIAMI, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: <i>Karl</i>		Date: 4/23/2004 Daytime Phone #: 305-621-4181	