2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # K99034 1. Entity Name 04-21-2004 90078 033 ***150.00 AMERICAN FINANCIAL AND INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 5000 GRIFFIN ROAD 5000 GRIFFIN ROAD DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-0137882 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUNT, BRUCE CPA Street Address (P.O. Box Number is Not Acceptable) 7369 SHERIDAN STA 6365 TAFT ST #3003~ HOLLYWOOD FL 33024 Zip Code 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, 200+ See will be \$550.00. \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Plarida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition CHONG, RAY H. NAME NAME STREET ADDRESS 9120 NW 38 ST : STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL -CITY-ST-ZIP Delete ☐ Change TITE F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accorate 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 of trustee emptyered 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 of the emptyered.

ME OF SIGNING OFFICER OR DIRECTOR

FILED

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