## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## FILED DOCUMENT # L27184 1. Entity Name AMERICAN INFORMATION SERVICES, INC. 05 SEP 20 PM 1:53 SECKETART OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA C/O MARSHALL R BURACK, ESO C/O MARSHALL R BURACK, ESQ ONE SE THIRD AVE, 28TH FLOOR ONE SE THIRD AVE, 28TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09152005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0151333 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISLAMI, JAHAN Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE 28TH FLOOR MIAMI, FL 33131 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Delete ☐ Change Addition DAVIS, AILEEN S. ZINN, ROBERT A NAME STREET ADDRESS ONE S.E. THIRD AVENUE STREET ADDRESS 401 E. Jackson Street, Suite 1700 Tampa, FL 33602 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP VΡ VΡ TITLE ☐ Delete TITLE ☐ Change Addition DUFFY, JAMES C KALISH, WILLIAM NAME STREET ADDRESS 225 S ORANGE DR. CITRUS CENTER 17TH FL STREET ADDRESS 401 E. Jackson Street, Suite 1700 CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZiP Tampa, FL 33602 TITLE T/S ☐ Delete TITLE ☐ Change Addition VΡ ISLAMI, JAHAN NAME NAME RUGG, JOSEPH W.N. STREET ADDRESS ONE S.E. THIRD AVENUE STREET ADDRESS 401 E. Jackson Street, Suite 1700 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 Tampa, FL 33602 Change TITLE Delete TITLE 3 Addition AS CHIRU, ANGELICA M NAME NAME EVANS, DEBORAH L. STREET ADDRESS ONE S.E. THIRD AVENUE STREET ADDRESS 401 E. Jackson Street, Suite 1700 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP 33602 TITLE TITLE ☐ Delete ☐ Change ☐ Addition GUERRA, DIANA NAME NAME 350 EAST LAS OLAS BLVD, STE 1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP ☐ Delete TITLE TITLE ddition NAME BURACK, MARSHALL NAME ONE S.E. THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 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 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.