


FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90023 005 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L27184			
1. Entity Name AMERICAN INFORMATION SERVICES, INC.			
Principal Place of Business C/O MARSHALL R BURACK, ESQ ONE SE THIRD AVE, 28TH FLOOR MIAMI, FL 33131		Mailing Address C/O MARSHALL R BURACK, ESQ ONE SE THIRD AVE, 28TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01092008		Chg-P CR2E034 (12/06)	
4. FEI Number 65-0151333		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 ISLAMI, JAHAN ONE S.E. THIRD AVENUE 28TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D ZINN, ROBERT A ONE S.E. THIRD AVENUE MIAMI, FL 33131 <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	VP DUFFY, JAMES C CITRUS CNTR, STE 1300 ORLANDO, FL 320010231 <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	T/S ISLAMI, JAHAN ONE S.E. THIRD AVENUE MIAMI, FL 33131 <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	AS CHIRU, ANGELICA M ONE S.E. THIRD AVENUE MIAMI, FL 33131 <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	AS GUERRA, DIANA 350 EAST LAS OLAS BLVD, STE 1600 FORT LAUDERDALE, FL 33301 <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	P BURACK, MARSHALL ONE S.E. THIRD AVENUE MIAMI, FL 33131 <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 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 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: <u>Marshall Burack</u> Marshall Burack, Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			

ATTACHMENT

40005422

L27184

RIDER TO 2008 FOR PROFIT CORPORATION ANNUAL REPORT OF AMERICAN INFORMATION SERVICES, INC.

6. Name and address of Current Registered Agent

Additional Addresses:

Las Olas Centre II, Suite 1600
350 East Las Olas Boulevard
Fort Lauderdale, FL 33301-2229

420 South Orange Avenue
Suite 1200
Orlando, FL 32801-4904

SunTrust Financial Centre, Suite 1700
401 East Jackson Street
Tampa, FL 33602

Esperante Building, 4th Floor
222 Lakeview Avenue, Suite 400
West Palm Beach, FL 33401

10. Officers and Directors

DAVIS, AILEEN S.
SunTrust Financial Centre
401 E. Jackson Street, Suite 1700
Tampa, FL 33602

Vice President

KALISH, WILLIAM
SunTrust Financial Centre
401 E. Jackson Street, Suite 1700
Tampa, FL 33602

Vice President

RUGG, JOSEPH W. N.
SunTrust Financial Centre
401 E. Jackson Street, Suite 1700
Tampa, FL 33602

Vice President

MATZ, REBECCA S.
420 South Orange Avenue
Suite 1200
Orlando, FL 32801-4904

Assistant Secretary

REINERT, PETER
420 South Orange Avenue
Suite 1200
Orlando, FL 32801-4904

Assistant Secretary

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ABEL, DAVID
SunTrust Financial Centre
401 E. Jackson Street, Suite 1700
Tampa, FL 33602

Assistant Secretary

EVANS, DEBORAH L.
SunTrust Financial Centre
401 E. Jackson Street, Suite 1700
Tampa, FL 33602
Orlando, FL 32801-3436

Assistant Secretary

FORBES, ESTHER
One S.E. Third Avenue, 28th Floor
Miami, FL 33131

Assistant Secretary

FULLWOOD, DONNA
Esperante Building, 4th Floor
222 Lakeview Avenue, Suite 400
West Palm Beach, FL 33401-6183

Assistant Secretary

JUNG, WON-YOUNG
Las Olas Centre II, Suite 1600
350 East Las Olas Boulevard
Fort Lauderdale, FL 33301-2229

Assistant Secretary

TOLEDO, NERY C.
One S.E. Third Avenue, 28th Floor
Miami, FL 33131

Assistant Secretary

WONG, ROSA
One S.E. Third Avenue, 28th Floor
Miami, FL 33131

Assistant Secretary