

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M05002

**FILED**  
**Apr 23, 2004**  
**Secretary of State**

**Entity Name:** AMERICAN GOVERNMENT CERTIFICATES & FUNDS CORPORATION

**Current Principal Place of Business:**

1390 S DIXIE HIGHWAY, #2111  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

1390 S DIXIE HIGHWAY, #2111  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 59-2469665      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENRIQUEZ, MARIA  
1234 ANDORA AVE.  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: TC ( ) Delete  
Name: ENRIQUEZ, MARIA,  
Address: 1234 ANDORA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: ENRIQUEZ OSCAR,  
Address: 9210 SW 101 AVE  
City-St-Zip: MIAMI, FL 33176

Title: DP ( ) Delete  
Name: ENRIQUEZ CARLOS,  
Address: 1234 ANDORA AVE  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ENRIQUEZ

EVP

04/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date