

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M16387

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** AMERICAN REAL ESTATE GROUP, INC.

**Current Principal Place of Business:**

3191 CORAL WAY  
SUITE 626  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 128  
HALLANDALE, FL 33008

**New Mailing Address:**

FEI Number: 59-2594196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAUSER, JAMES A  
3191 CORAL WAY  
SUITE 626  
MIAMI, FL 33145 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: VD ( ) Delete  
Name: HAUSER, JAMES A  
Address: 3191 CORAL WAY, SUITE 626  
City-St-Zip: MIAMI, FL 33145

Title: PSD ( ) Delete  
Name: LIPP, AJ  
Address: PO BOX 128  
City-St-Zip: HALLANDALE, FL 33008

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

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 exemption stated 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 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: A.J. LIPP

PSD

04/29/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date