

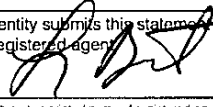
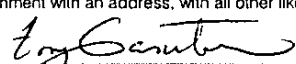


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90129 039 \*\*\*150.00

<b>DOCUMENT # P00000011937</b> 1. Entity Name <b>AMERICAN C &amp; T, INC.</b>					
Principal Place of Business <b>7925 NW 12 STREET SUITE 407 MIAMI, FL 33126 US</b>			Mailing Address <b>7925 NW 12 STREET SUITE 407 MIAMI, FL 33126 US</b>		
2. Principal Place of Business <b>7955 NW 12TH STREET</b> Suite, Apt. #, etc. <b>SUITE 400</b>		3. Mailing Address <b>7955 NW 12TH STREET</b> Suite, Apt. #, etc. <b>SUITE 400</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-0993116</b>	
Zip <b>33126</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BATES, LISSETTE 7925 NW 12 STREET SUITE 407 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>LISSETTE BATES</b> Street Address (P.O. Box Number is Not Acceptable) <b>7955 NW 12TH STREET</b> <b>SUITE 400</b> City <b>MIAMI</b>	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE 				DATE <b>4/29/05</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				10. OFFICERS AND DIRECTORS	
TITLE P NAME CONSTANTIN, TONY STREET ADDRESS 7925 NW 12 STREET, SUITE 407 CITY-ST-ZIP MIAMI, FL 33126		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
CITY-ST-ZIP MIAMI, FL 33126		TITLE P NAME TONY CONSTANTIN STREET ADDRESS 7955 NW 12TH STREET SUITE 400 CITY-ST-ZIP MIAMI, FL 33126			
CITY-ST-ZIP MIAMI, FL 33126		CITY-ST-ZIP MIAMI, FL 33126			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/29/05</b>					
Daytime Phone #					