

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90295 026 ***150.00

DOCUMENT # P00000066353 1. Entity Name AMERICA INTERNATIONAL GROUP, INC.			
Principal Place of Business 1255 W. OKEECHOBEE ROAD, #13 HIALEAH, FL 33010 US		Mailing Address 1255 W. OKEECHOBEE ROAD, #13 HIALEAH, FL 33010 US	
2. Principal Place of Business 559 SE Ocean Spray Ter Suite, Apt. #, etc.		3. Mailing Address 559 SE Ocean Spray Ter Suite, Apt. #, etc.	
City & State Port. Saint Lucie Zip 34983		City & State Port. Saint Lucie Zip 34983	
Country U.S.		Country U.S.	
4. FEI Number 65-1131654		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ-PINILLO, JOSE A 1255 W. OKEECHOBEE ROAD, #13 HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Martinez-Pinillo, Jose A. Street Address (P.O. Box Number is Not Acceptable) 559 SE Ocean Spray Ter. City Port. St. Lucie	
State FL		Zip Code 34983	
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 re-registering)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD MARTINEZ-PINILLOS, JOSE A 1255 W. OKEECHOBEE ROAD, #13 HIALEAH, FL 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martinez-Pinillo, Jose A 559 SE Ocean Spray Ter. Port. Saint Lucie FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 affidavit with all other like empowered.			
SIGNATURE: _____		4-27-03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	