2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 91 336

Entity Name

AMERI AC HOLDINGS, INC.



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91220 048 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1647 MAYO SHREET 1647 MAYO SHREET
Suite, Apt. #, etc.
3. Mailing Address
1647 MAYO SHREET
Suite, Apt. #, etc.

24066727

DO NOT WRITE IN THIS SPACE

HOLLY WOOD 4. FEI Number Applied For Not Applicable \$8.75 Additional 33020 Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Zip Code ろろり20 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, Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.80 Amended UBR is \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS CRZE034B (12/02) TITLE NAME A. FARCASIU STREET ADDRESS 1647 MAYO STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL TITLE STARLETT KLINE DR. N. 764 3200 PORT ROYALE DR. N. 764 Ft. LAUDERDALE, FL. 33308 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THILE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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 on an attachment with an address, with all other like empowered.