

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90041 029 \*\*\*150.00

**DOCUMENT # P00000095175**

1. Entity Name

AMERICAN EXPERT SERVICES, INC.



Principal Place of Business

22527 VISTAWOOD WAY  
17 B  
BOCA RATON FL 33428

Mailing Address

22527 VISTAWOOD WAY  
17 B  
BOCA RATON FL 33428

2. Principal Place of Business

22527 Vista-wood way

3. Mailing Address

22527 Vista-wood way

Suite, Apt. #, etc.

17 B

Suite, Apt. #, etc.

17 B

City & State

Boca Raton - Florida

City & State

Boca Raton - Florida

Zip

33428

Country

palm beach

Zip

33428

Country

palm beach



MOORE

CR2E034 (11/03)

4. FEI Number

65-1048340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TWENEBOAH, KWAME  
613 SW 76TH AVE.  
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GYAMFI, PHILIP K  
STREET ADDRESS 22527 VISTAWOOD WAY  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VP ☐ Delete  
NAME GYAMFI, CHRIS O  
STREET ADDRESS 22527 VISTAWOOD WAY  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 attached form with an address, with all other like empowered.

SIGNATURE

philip Kwame Gyamfi, Director

Jan: 27: 04: 883 9368  
561  
477 5706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date