



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90036 028 ***150.00

DOCUMENT # P00000105928 1. Entity Name Y.B. AMERICAN GENERAL BUSINESS INC.					
Principal Place of Business 777 BRICKELL AVE, SUITE 1070 MIAMI, FL 33131			Mailing Address 777 BRICKELL AVE, SUITE 1070 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 2001 Biscayne Blvd.		3. Mailing Address 2001 Biscayne Blvd.		 01032008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Suite 3402		Suite, Apt. #, etc. Suite 3402			
City & State Miami, FL 33137		City & State Miami, FL 33137			
Zip 33137		Zip 33137			
4. FEI Number 22-3774397				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 KENNEY, JUDITH 777 BRICKELL AVE, SUITE 1070 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Judith Kenney Street Address (P.O. Box Number is Not Acceptable) 2001 Biscayne Blvd. Suite 3402 City Miami FL Zip Code 33137		
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 <u>Judith Kenney</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/3/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PTD BITTAN, YAACOV 777 BRICKELL AVENUE, SUITE 1070 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP BITTAN, AVIVA L 777 BRICKELL AVE., SUITE 1070 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Judith Kenney Attorney-in-fact</u> DATE <u>1/3/08</u> DAYTIME PHONE # <u>(305) 572-1020</u>					