

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90965 026 ***150.00

DOCUMENT # P01000032218

1. Entity Name
AMER BREICHE ENTERPRISES, INC.



Principal Place of Business
6130 WILES RD #203
CORAL SPRINGS FL 33067

Mailing Address
6130 WILES RD #203
CORAL SPRINGS FL 33067

10027289



2. Principal Place of Business

17125 N. BAY Rd.

3. Mailing Address

17125 N. BAY Rd.

Suite, Apt. #, etc.

Apt # 3506

Suite, Apt. #, etc.

Apt # 3506

CHECK HERE IF MAKING CHANGES

City & State
SUNNY ISLES, FLORIDA

City & State
SUNNY ISLES, FLORIDA

4. FEI Number 65-1093667

Applied For
Not Applicable

Zip 33160

Country USA

Zip 33160

Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDOLFO, PHILLIP T JR. ESQ
777 S. FLAGLER DRIVE #300E
WEST PALM BEACH FL 33401

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BREICHE, AMER Delete
STREET ADDRESS 6130 WILES RD #203
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME NOUJAIM, MARIE Delete
STREET ADDRESS 6130 WILES RD #203
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* AMER BREICHE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/27/2003 786-295-0072
Date Daytime Phone #

CR2E034 (10/02)