

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000032202

1. Entity Name

AMERICA ENTERPRISES INT. INC.



FILED

04 APR 23 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03) 84

Principal Place of Business
2701 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

Mailing Address
PO BOX 669
SAINT MARKS FL 32355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1677925

Applied For
Not Applicable

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

LOPEZ GERENA, MARLIHAN
4 NE 1ST AVE.
ORLANDO FL 32801

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 *Antonio Lopez De Armas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DE ARMAS, ARTURO L
STREET ADDRESS 2701 CRAWFORDVILLE HWY.
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800035724118
05/06/04--01071--025 **150.00

TITLE D
NAME SOTOMAYOR, ROGER
STREET ADDRESS 2701 CRAWFORDVILLE HWY.
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

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

TITLE STD
NAME DE ARMAS, NORMA
STREET ADDRESS 2701 CRAWFORDVILLE HWY.
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☒ Delete

TITLE
NAME Carlos Sotomayor
STREET ADDRESS 74 Antler Run
CITY-ST-ZIP CRAWFORDVILLE FLA 32327 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Antonio Lopez De Armas Antonio Lopez De Armas 2/5/04
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B