

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000032202

FILED
Nov 06, 2008
Secretary of State**Entity Name:** AMERICA ENTERPRISES INT. INC.**Current Principal Place of Business:**2701 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32327**New Principal Place of Business:****Current Mailing Address:**8205 SUN SPRING CR.
UNIT 12
ORLANDO, FL 32825**New Mailing Address:****FEI Number:** 06-1677925**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOPEZ GERENA, MARLIHAN
4 NE 1ST AVE.
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE ARMAS, ARTURO L
Address: 2701 CRAWFORDVILLE HWY.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: LOPEZ, NORMA L
Address: 8205 SUN SPRING CIR STE12
City-St-Zip: ORLANDO, FL 32825

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: DE ARMAS, JULIA
Address: 4300 FORGET ME NOT CT.
City-St-Zip: ST. CLOUD, FL 34769

Title: S () Change (X) Addition
Name: IRIZARRY, LUCKY
Address: 949 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Change (X) Addition
Name: CINTRON, JUAN
Address: 411 PEACE CRT.
City-St-Zip: POINCIANA, FL 34759

Title: S () Change (X) Addition
Name: BORDABEHERE, CARLOS
Address: 8205 SUN SPRING CR.
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA LOPEZ

D

11/06/2008

Electronic Signature of Signing Officer or Director

Date