2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066209

FILED Mar 02, 2004 Secretary of State

20011		_00000200			ocorciary or oracc	
Entity Nar	ne: THE AM	ERICAN SUNHOUSE, INC.				
Current Principal Place of Business:			New Pr	New Principal Place of Business:		
1206 NE 163RD STREET MIAMI, FL 33162				820 S HOLLYBROOK DR #105 PEMBROKE PINES, FL 33025		
Current Mailing Address:			New Ma	New Mailing Address:		
	HOLLY BROKE PINES, FL	OOK DR., NO. 105 33025				
FEI Number: 03-0460868 FEI Number Applied For ()		FEI Number Not A	pplicable ()	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name a	Name and Address of New Registered Agent:		
		OOK DR., NO. 105 33025 US				
The above in the State		submits this statement for the	e purpose of changir	ıg its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			\gent	Date		
Election Can	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	ARAZI, BETIN 820 SOUTH H PEMBROKE F) Delete A DLLY BROOK DR., NO. 105 INES, FL 33025) Delete DELO ANDRES	Title: Name: Address: City-St-Zi Title: Name:	p: PEMBROK SD	(X) Change () Addition IINA E HOLLY BROOK DR., NO. 105 E PINES, FL 33025 (X) Change () Addition ARCELO ANDRES	
Address:	1206 NE 163R		Address:	,	LYBROOK DR # 105	

 Title:
 TD () Delete
 Title:

 Name:
 ARAZI, MARCOS
 Name:

 Address:
 GOROSTIAGA 1749
 Address:

 City-St-Zip:
 BUENOS AIRES, A 1426
 City-St-Zip:

N. MIAMI BEACH, FL 33162

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: BETINA ARAZI PRES 03/02/2004

PEMBROKE PINES, FL 33025

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