

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90092 044 ***550.00

013164 AT

DOCUMENT # P02000074057

1. Entity Name
A.I.E.G., INC.



Principal Place of Business
**POST OFFICE BOX 972916
MIAMI FL 33197**

Mailing Address
**POST OFFICE BOX 972916
MIAMI FL 33197**



2. Principal Place of Business

3. Mailing Address

350 n Homestead blvd PO Box 900398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Homestead FL

Homestead FL

City & State

City & State

4. FEI Number

Applied For

Not Applicable

City & State

City & State

04-378782

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIGUERAS, JUAN E
7050 S.W. 86 AVENUE
MIAMI FL 33143**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BUCHANAN, TIMOTHY D
28926 SW 150TH PLACE
HOMESTEAD FL 33033**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
Buchanan Timothy D
27335 SW 166 Ave
Homestead FL 33031**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BUCHANAN, BARBARA M
28926 SW 150TH PLACE
HOMESTEAD FL 33033**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Buchanan Barbara M
27335 SW 166 Ave
Homestead FL 33031**

TITLE
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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: **Barbara Buchanan** Secretary 8/22/03 242-1232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)