2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000113485

1. Entity Name
AMERICAN BRO-HOLD, INC.
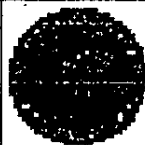
Principal Place of Business	Mailing Address
4317 EAST 10TH LANE HIALEAH, FL 33013	4317 EAST 10TH LANE HIALEAH, FL 33013

01172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
03-0489509	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCREEN ART POSTERS, INC.
4317 EAST 10TH LANE
HIALEAH, FL 33013

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 _____   DATE 1/15/08
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000791932
01/23/08-80095-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GALLAT, RAYMOND P
STREET ADDRESS	4317 EAST 10TH LANE
CITY-ST-ZIP	HIALEAH, FL 33013

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #