04/19/2004 12:04 1-268-480-2746 ABI HOLD

Apr-19-2004 08:25am From-

ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90100 044 ***150.00

14005807

MOORE CR2E034 (11/03)

DOCUMENT # P02000115141

1. Entity Name

AMERICAN BROKERAGE & INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVENUE SUITE 900 MIAMI FL 33131	801 BRICKELL AVENUE SUITE 900 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
2 Alhambra Plaza	2 Alhambra Plaza
Suite, Apt. #, etc.: Suite 1100	Suite, Apt. #, etc.: Suite 1100
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number 74-3072160 — 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
AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1600 FORT LAUDERDALE FL 33301	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 with title if applicable) (NOTE: Registered Agent signature required above each change) 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 D ☐ Delete NAME FRANCIS, EUSTACE STREET ADDRESS 801 BRICKELL AVENUE STE 900 CITY-ST-ZIP MIAMI FL 33131		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DP ☐ Delete NAME MCALISTER, ABBOTT STREET ADDRESS 801 BRICKELL AVENUE STE 900 CITY-ST-ZIP MIAMI FL 33131		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DS ☐ Delete NAME MARCEL, COMMODORE STREET ADDRESS 801 BRICKELL AVENUE STE 900 CITY-ST-ZIP MIAMI FL 33131		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DV ☐ Delete NAME PHILIP, CAROLYN STREET ADDRESS 801 BRICKELL AVENUE STE 900 CITY-ST-ZIP MIAMI FL 33131		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME CLARVIS, JOSEPH STREET ADDRESS 801 BRICKELL AVENUE STE 900 CITY-ST-ZIP MIAMI FL 33131		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☒ Delete NAME DONALD AUGUSTINE, ANTHONY STREET ADDRESS 801 BRICKELL AVENUE STE 900 CITY-ST-ZIP MIAMI FL 33131		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

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 affect 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: _____ 19th April 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000115141

1. Entity Name

AMERICAN BROKERAGE & INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVENUE SUITE 900 MIAMI FL 33131	801 BRICKELL AVENUE SUITE 900 MIAMI FL 33131

14005807

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
2 Alhambra Plaza	2 Alhambra Plaza
Suite, Apt. #, etc. Suite 1100	Suite, Apt. #, etc. Suite 1100
City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134 Country	Zip 33134 Country

4. FEI Number 74-3072160 ☐ 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
AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1600 FORT LAUDERDALE FL 33301	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 $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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCIS, EUSTACE	NAME	
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCALISTER, ABBOTT	NAME	
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARCEL, COMMODORE	NAME	
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHILIP, CAROLYN	NAME	
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLARVIS, JOSEPH	NAME	
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DONALD AUGUSTINE, ANTHONY	NAME	
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #