

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90140 025 \*\*\*150.00

**50046943**



<b>DOCUMENT # P02000115141</b> 1. Entity Name <b>AMERICAN BROKERAGE &amp; INVESTMENT GROUP, INC.</b>					
Principal Place of Business <b>2 ALHAMBRA PLAZA STE 1100 CORAL GABLES, FL 33134</b>			Mailing Address <b>2 ALHAMBRA PLAZA STE 1100 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>74-3072160</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1600 FORT LAUDERDALE, FL 33301</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCIS, EUSTACE	NAME	<b>2 Alhambra Plaza - Ste 1100</b>		
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	<b>Coral Gables FL 33134</b>		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	<b>Coral Gables FL 33134</b>		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCALISTER, ABBOTT	NAME	<b>2 Alhambra Plaza - Ste 1100</b>		
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	<b>Coral Gables FL 33134</b>		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	<b>Coral Gables FL 33134</b>		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARCEL, COMMODORE	NAME	<b>2 Alhambra Plaza - Ste 1100</b>		
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	<b>Coral Gables FL 33134</b>		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	<b>Coral Gables FL 33134</b>		
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILIP, CAROLYN	NAME	<b>2 Alhambra Plaza - Ste 1100</b>		
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	<b>Coral Gables FL 33134</b>		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	<b>Coral Gables FL 33134</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARVIS, JOSEPH	NAME	<b>2 Alhambra Plaza - Ste 1100</b>		
STREET ADDRESS	801 BRICKELL AVENUE STE 900	STREET ADDRESS	<b>Coral Gables FL 33134</b>		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	<b>Coral Gables FL 33134</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Treasurer</b>		
STREET ADDRESS		STREET ADDRESS	<b>MAUD M. BLEUS</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>2 Alhambra Plaza - Ste 1100</b>		
		CITY-ST-ZIP	<b>Coral Gables FL 33134</b>		
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: _____				4/15/05 (786) 552-0041	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	