

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000115141</b> 1. Entity Name <b>AMERICAN BROKERAGE &amp; INVESTMENT GROUP, INC.</b>	
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FILED  
 2008 APR 29 PM 1:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>25 S.E. 2ND AVENUE                  606                  MIAMI, FL 33131</b>	Mailing Address <b>25 S.E. 2ND AVENUE                  606                  MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04242008 Chg-P CR2E034 (12/06)

4. FEI Number <b>74-3072160</b>	Applied For
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	FRANCIS, EUSTACE
STREET ADDRESS	25 S.E. 2ND AVENUE, STE 606
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	DP <input type="checkbox"/> Delete
NAME	MCALISTER, ABBOTT
STREET ADDRESS	25 S.E. 2ND AVENUE, STE 606
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	DS <input type="checkbox"/> Delete
NAME	MARCEL, COMMODORE
STREET ADDRESS	25 S.E. 2 ND AVENUE, STE606
CITY - ST - ZIP	CORAL GABLES, FL 33131
TITLE	DV <input type="checkbox"/> Delete
NAME	PHILIP, CAROLYN
STREET ADDRESS	25 S.E. 2 ND AVENUE, STE 606
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	CLARVIS, JOSEPH
STREET ADDRESS	25 S.E. 2 ND AVENUE, STE 606
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	T <input type="checkbox"/> Delete
NAME	SEALES, ROBINSON
STREET ADDRESS	25 S.E. 2ND AVENUE, STE 606
CITY - ST - ZIP	MIAMI, FL 33131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>600126880856</b>
CITY - ST - ZIP	<b>04/30/08--01001--007 **150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robinson Seales - ROBINSON SEALES Date: 4/28/08 Daytime Phone #: 786-552-0041