


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90049 003 ***150.00

DOCUMENT # P03000056076 1. Entity Name A-AMERICAN FINANCIAL GROUP, INC.					
Principal Place of Business 5421 SILVER CHARM TER WESLEY CHAPEL, FL 33544			Mailing Address 5421 SILVER CHARM TER WESLEY CHAPEL, FL 33544		
2. Principal Place of Business 2955A BEE RIDGE RD. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2955A BEE RIDGE RD. <small>Suite, Apt. #, etc.</small>			
City & State SARASOTA, FL <small>Zip</small> 34236 <small>Country</small> SARASOTA		City & State SARASOTA, FL <small>Zip</small> 34236 <small>Country</small> SARASOTA		4. FEI Number 51-0467287	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REEDY, MICHAEL CPA 305 N PARSONS AVE BRANDON, FL 33510			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete RODRIGUEZ, ROBERTO A 5421 SILVER CHARM TER WESLEY CHAPEL, FL 33544		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Roberto A. Rodriguez 4/13/2004 94-518-7437