

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

DOCUMENT # P03000061584

1. Entity Name
AMERICAN MERCHANT TECHNOLOGIES, INC.



NAME CHANGE

Principal Place of Business
709 N 20TH COURT
HOLLYWOOD, FL 33020

Mailing Address
709 N 20TH COURT
HOLLYWOOD, FL 33020

2. Principal Place of Business
560 N.W. 165 St., Rd.

3. Mailing Address
560 N.W. 165 St., Rd.

Suite, Apt. #, etc.
Ste. # 200

Suite, Apt. #, etc.
Ste. # 200

City & State
Miami, Florida

City & State
Miami, FLORIDA

Zip
33169

Country
USA

Zip
33169

Country
USA



09082004

Chg-P

CR2E034 (10/03)

4. FEI Number
83-0360082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIAN D. GORDON, C.P.A., P.A.
12550 BISCAYNE BLVD., #500
N. MIAMI, FL 33181

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALBANO, LAWRENCE
560 N.W. 165 ST. RD., STE. 200
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Lawrence B. Albano Lawrence B. Albano 9/8/04 305-947-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
BRIAN D. GORDON, C.P.A., P.A.
24684982

12550 Biscayne Boulevard, Suite 500
North Miami, Florida 33181

Office: (305)459-0557
Fax: (305)459-0567
Cellular: (786) 344-2999
BRIANGCPA@AOL.COM

September 8, 2004

Division of Corporations
P.O. Box #1500
Tallahassee, FL 32302-1500

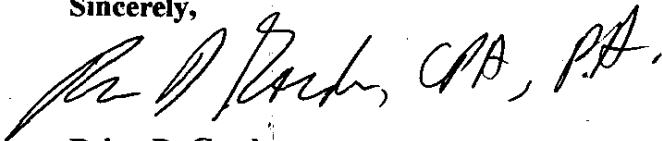
Dear Division of Corporations:

My client, American Merchant Technologies, Inc., Document #P03000061584, did not receive their notification for the 2004 Annual Report. We are requesting that the one time exception be used and that the payment of \$150.00 be accepted.

This will not happen again.

We thank you in advance for your help in this matter.

Sincerely,



Brian D. Gordon
Certified Public Accountant