تهجسر ۵

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2004 8:00 am Secretary of State

DOCUMENT # P03000083409  1. Entity Name AMERICAN MEMBER CORP.					04-27-2004 90086 028 ***150.00			
Principal Place of Business		Mailing Address			Þ			
		12514 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		1 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	H <b>ar</b> 11011 <b>Ba</b> ill <b>Ba</b> ill <b>10</b> 1111	. SVIVI IZIGO MIN BISIN EDIKO II		
2Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202004	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number		N	pplied For ot Applicable
Zip	Country	Zip	Count		5. Certificate of		\$8.75 Ad Fee Require	
	6. Name and Address of Current Re	egistered Agent -			_7. Name and A	ddress of New Re	egistered Agent	<u> </u>
HRAWG CORP. 1801 N. MILITARY TRAIL; SUITE 200 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable)				
, m, +	<i>in</i> .		City				FL Zip Coo	le
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  Trust Fund Contribution.					.00 May Be ed to Fees			
10.	OFFICERS AND DI	IRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete SPIEGEL, BARRY J 12514 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071			į.			☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		-			Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	спу-	E ET ADDRESS -ST-ZIP			□ Change	☐ Addition
12. I hereby indicated	certify that the information supplied with the on this report or supplemental report is to	his tiling does not qualify for	the exer	mption stated in Se	ection 119.07(3)(i), same legal effect :	Florida Statutes. I	turther certify that the i	ntormation

12. Thereby certify that the information supplied with this riing does not qualify for the exemption stated in Section 119.07(3)(i), Forda Statutes, Frurner certify that I am an officer or director 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:

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04 9

954-340-3606