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LAW HOUSE

FLORIDA RUSSELL LLP

(FAX) 19

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Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90241 048 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000083409			
1. Entity Name AMERICAN MEMBER CORP.			
Principal Place of Business 12432 4254 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		Mailing Address 12432 4254 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071	
2. Principal State of Domicile		3. Mailing Address	
Facts, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 20-0988405		5. Certificate of Status Desired ☐ NO FE Additional Fee Required	
6. Name and Address of Current Registered Agent KRAWN CORP. 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is not recommended)	
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 _____			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Reporting First Filing Due: _____ ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
WIFE	WIFE	WIFE	WIFE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
WIFE	WIFE	WIFE	WIFE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
WIFE	WIFE	WIFE	WIFE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
WIFE	WIFE	WIFE	WIFE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
WIFE	WIFE	WIFE	WIFE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
12. I hereby certify that the information furnished with this filing is true and correct for the information stated in Section 119.07(2)(f), 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 as requested, or on an accompanying document, with all other the foregoing.			
SIGNATURE: <i>Barry J. Siegel</i>		754-340-3606	

Barry J. Siegel 4/27/05