2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
02-23-2004 90059 001 ***150.00

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01052004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000101501

1. Entity Name
AMERICAN EVENTS & INCENTIVES, INC.

Principal Place of Business	Mailing Address
C/O COMPUKEEPER INC. 1446 NW 2ND AVE STE 105 BOCA RATON, FL 33432	C/O COMPUKEEPER INC. 1446 NW 2ND AVE STE 105 BOCA RATON, FL 33432

2. Principal Place of Business		3. Mailing Address	
9186 Green Meadows Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Palm Beach Gardens, FL		City & State	
Zip: 33418	Country: US	Zip	Country

4. FEI Number: 90-0117906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAMON-BANKIR, ELISABETH
C/O COMPUKEEPER INC.
1446 NW 2ND AVE STE 105
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name: Hamon-Bankir, Elisabeth
Street Address (P.O. Box Number is Not Acceptable): 9186 Green Meadows Way
City: Palm Beach Gardens FL Zip Code 33418

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 HAMON-BANKIR, ELISABETH 1308 SOUTH BROUGHTON SQUARE BOYNTON BCH., FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hamon-Bankir, Elisabeth 9186 Green Meadows Way Palm Beach Gardens, FL 33418	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: E. Hamon-Bankir, PR 1/7/04 561-622-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #