

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91068 033 \*\*\*158.75

**DOCUMENT # P03000103792**

1. Entity Name  
**AMERICAN INNOVATIVE BUSINESS ASSOCIATES,  
CORP.**



Principal Place of Business  
**P.O. BOX 33616  
PALM BEACH GARDENS, FL 33420-3616**

Mailing Address  
**P.O. BOX 33616  
PALM BEACH GARDENS, FL 33420-3616**

94082968

2. Principal Place of Business  
**201 INLET WAY**

3. Mailing Address  
**P.O. BOX 33616**

Suite, Apt. #, etc.  
**SUITE 4**

Suite, Apt. #, etc.

City & State  
**PALM BEACH SHORES FLORIDA**

City & State  
**PALM BEACH GARDENS, FL**

Zip  
**33404**

Country  
**USA**

Zip  
**33420**

Country  
**USA**

01162004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**11-3704127**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AVILES, MICHAEL  
561 SE 13 ST., STE. 206  
DANIA BEACH, FL 33004**

Name  
**MICHAEL AVILES**

Street Address (P.O. Box Number is Not Acceptable)  
**201 INLET WAY #4**

City  
**PALM BEACH SHORES FL** Zip Code  
**33404**

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

*Anna Brown-Aviles* **PRESIDENT**

**4/30/04**

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  
**P BROWN-AVILES, ANNA  
561 SE 13 ST., STE. 206  
DANIA BEACH, FL 33004** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
ANNA BROWN-AVILES  
201 INLET WAY SUITE 4  
PALM BEACH SHORES, FL 33404** ☒ 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

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

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:

*Anna Brown-Aviles* **PRESIDENT** **4/30/04** **561-840-4230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #