
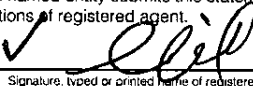
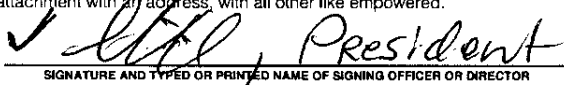


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90209 046 \*\*\*150.00

<b>DOCUMENT # P03000122429</b> 1. Entity Name <b>AMERICAN INSURANCE AGENCIES OF GREATER FLORIDA, INC.</b>					
Principal Place of Business <b>240 N WASHINGTON BLVD STE 530 SARASOTA, FL 34236</b>			Mailing Address <b>240 N WASHINGTON BLVD STE 530 SARASOTA, FL 34236</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 200</b> City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt. #, etc. <b>Suite 200</b> City & State _____ Zip _____ Country _____		
4. FEI Number <b>56-2412054</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			04262004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent <b>RIHAN, HANI 240 N WASHINGTON BLVD STE 530 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name <b>HANI RIHAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>240 N. WASHINGTON BLVD</b> <b>Suite 200</b> City <b>Sarasota</b> FL Zip Code <b>34236</b>	
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  <b>HANI RIHAN</b> DATE <b>4-27-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RIHAN, HANI 5450 BENT GRASS #103 SARASOTA, FL 34235			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
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:  <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-27-04</b> <small>Daytime Phone #</small>	

**24071405**

