

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90298 037 ***158.75

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1. Entity Name
AMERICAN MADE CHOPPERS, INC.



Principal Place of Business
**10020 VALLEY ROSE COURT
ORLANDO, FL 32825**

Mailing Address
**10020 VALLEY ROSE COURT
ORLANDO, FL 32825**

010100013

2. Principal Place of Business
**2785 WRIGHTS RD
SUITE, APT. #, etc.
BLD B UNIT 1109**

3. Mailing Address
**2785 WRIGHTS RD
SUITE, APT. #, etc.
BLD B UNIT 1109**



04052004 Chg-P CR2E034 (10/03)

City & State
OVIEDO FL

City & State
OVIEDO FL

4. FEI Number
20-0403331

Applied For
Not Applicable

Zip Country
32765 USA

Zip Country
32765 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBINI, CHRISTOPHER
10020 VALLEY ROSE COURT
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

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 _____
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

TITLE **D** ☐ Delete
NAME **RUBINI, CHRISTOPHER**
STREET ADDRESS **10020 VALLEY ROSE COURT**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D** ☒ Delete
NAME **RUBINI, STEVE**
STREET ADDRESS **10020 VALLEY ROSE COURT**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MCBREAIRTY, MIKE**
STREET ADDRESS **3532 MOUNT MARTELE DR APT 1104**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Christopher Rubini 4/7/04 407-671-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #