


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000033726</b>		
1. Entity Name <b>AMERICAN MANAGEMENT AND INVESTMENT COMPANY, INC.</b>		

FILED

08 APR -8 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



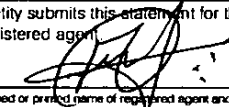
04072008 Chg-P CR2E034 (12/06)

Principal Place of Business <b>20283 STATE RD. 7, SUITE 300 BOCA RATON, FL 33498</b>	Mailing Address <b>20283 STATE RD. 7, SUITE 300 BOCA RATON, FL 33498</b>
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2. Principal Place of Business - No P.O. Box # <b>142 SW 63 AVE</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

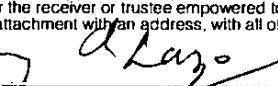
City & State <b>Miami, FL</b>	City & State
Zip <b>33144</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>ALBERT J. LAZO, P.A. 3326 MARY STREET 601 MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name <b>Fidel G. Ortega</b> Street Address (P.O. Box Number is Not Acceptable) <b>142 SW 63 AVE</b> City <b>Miami</b> FL Zip Code <b>33144</b>	
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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 	DATE <b>4/7/08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PT</b>	<input type="checkbox"/> Delete <b>LAZO, ALBERTO G</b> STREET ADDRESS <b>11710 NW SOUTH RIVER DRIVE, STE 124</b> CITY-ST-ZIP <b>MEDLEY, FL 33178</b>	TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fidel G. ORTEGA</b> STREET ADDRESS <b>142 SW 63 AVE</b> CITY-ST-ZIP <b>Miami, FL 33144</b>
TITLE <b>VS</b>	<input checked="" type="checkbox"/> Delete <b>LAZO, ANA MARIA</b> STREET ADDRESS <b>11710 NW SOUTH RIVER DRIVE, STE 124</b> CITY-ST-ZIP <b>MEDLEY, FL 33178</b>	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ALBERTO G. LAZO</b> STREET ADDRESS <b>142 SW 63 AVE</b> CITY-ST-ZIP <b>Miami, FL, 33144</b>
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>900122579049</b>		STREET ADDRESS <b>04/08/08--01028--004 **150.00</b>	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE <b>4/7/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #