

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Sep 08, 2005 8:00 am
Secretary of State

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05092005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000089604 1. Entity Name AMERICAN INVESTORS ALLIANCE, INC.					
Principal Place of Business 4001 NW 97TH AVE., #201 MIAMI, FL 33178			Mailing Address 4001 NW 97TH AVE., #201 MIAMI, FL 33178		
2. Principal Place of Business 8060 NW 155th Street		3. Mailing Address 8060 NW 155th Street			
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 202			
City & State Miami Lakes, Florida		City & State Miami Lakes, Florida		4. FEI Number 59 3786641	
Zip 33016	Country USA	Zip 33016	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEARSON, THOMAS J 4001 NW 97TH AVE., #201 MIAMI, FL 33178				7. Name and Address of New Registered Agent Name THOMAS J. PEARSON Street Address (P.O. Box Number is Not Acceptable) 8060 NW 155th Street, Suite 202 City Miami Lakes FL Zip Code 33016	
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 THOMAS J. PEARSON 09/03/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARSON, THOMAS J <input type="checkbox"/> Delete 4001 NW 97TH AVE., #201 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARSON, THOMAS J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8060 NW 155th Street, Suite 202 Miami Lakes, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARSON, DONNA S <input type="checkbox"/> Delete 4001 NW 97TH AVE., #201 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARSON, DONNA S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8060 NW 155th Street, Suite 202 Miami Lakes, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS J. PEARSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			09/03/2005 (305) 338-7919 <small>Date Daytime Phone #</small>		