

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132404

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: AMERICAN IMMIGRATION CENTER CORPORATION

**Current Principal Place of Business:**

15751 SHERIDAN STREET  
#110  
FORT LAUDERDALE, FL 33331

**New Principal Place of Business:**

15751 SHERIDAN STREET  
PMB #110  
FORT LAUDERDALE, FL 33331

**Current Mailing Address:**

15751 SHERIDAN STREET  
#110  
FORT LAUDERDALE, FL 33331

**New Mailing Address:**

15751 SHERIDAN STREET  
PMB #110  
FORT LAUDERDALE, FL 33331

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEDERSEN, CAROLY  
15751 SHERIDAN STREET  
#110  
FORT LAUDERDALE, FL 33331 US

**Name and Address of New Registered Agent:**

PEDERSEN, CAROLY  
15751 SHERIDAN STREET  
PMB #110  
FORT LAUDERDALE, FL 33331 US

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.

SIGNATURE: CAROLY PEDERSEN

02/16/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PEDERSEN, CAROLY  
Address: 15751 SHERIDAN STREET, #110  
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: D (X) Delete  
Name: TAYLOR, EIRA  
Address: 15751 SHERIDAN STREET, #110  
City-St-Zip: FT. LAUDERDALE, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLY PEDERSEN

D

02/16/2005

Electronic Signature of Signing Officer or Director

Date