

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149608

Entity Name: A.I.G. INC

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

1940 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

1940 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 11-3751776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAKON, WILLIAM
1001 CRYSTAL WAY
APT# K
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

KAKON, WILLIAM
3029 NE 188TH STREET
APT# 407
AVENTURA, FL 33180 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: WILLIAM KAKON

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAKON, WILLIAM
Address: 1001 CRYSTAL WAY
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: VP () Delete
Name: GABAY, MARIE YVONNE
Address: 21900 LAKE FOREST CIRCLE
City-St-Zip: BOCA RATON, FL 33433 US

Title: T (X) Delete
Name: GABAY, PROSPER
Address: 21900 LAKE FOREST CIRCLE
City-St-Zip: BOCA RATON, FL 33433 US

Title: S (X) Delete
Name: GABAY, JULIE
Address: 21900 LAKE FOREST CIRCLE
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAKON, WILLIAM
Address: 3029 NE 188TH STREET
City-St-Zip: AVENTURA, FL 33180 US

Title: VP (X) Change () Addition
Name: GABAY, MARIE YVONNE
Address: 3029 NE 188 TH STREET
City-St-Zip: AVENTURA, FL 33180 US

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 Chapter 119, 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: WILLIAM KAKON

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date