## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000056939

City-St-Zip:

Entity Name: AMERICAN INSURANCE & FINANCE, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business:			Now Princ	New Principal Place of Business:		
	-	of Busiliess.	New Fillic	ipai Flace O	Dusilless.	
8177 W. G SUITE 103	LADES ROAD					
	, TON, FL 33434	4 US				
Current Mailing Address:			New Maili	New Mailing Address:		
	LADES ROAD					
SUITE 103 BOCA RA	3 TON, FL 33434	4 US				
FEI Number	: 20-2878347	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	WSKY, GEORG LADES ROAD	GE				
	, TON, FL 33434	4 US				
	named entity s e of Florida	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Agent			ent		Date	
		3(2)(b), F.S., the corporation did n Trust Fund Contribution ( ).	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	P ()	Delete	Title:	(	) Change ( ) Addition	
Name:	GROKHOWKY,		Name:			
Address:		ES ROAD, SUITE 103	Address:			
City-St-Zip:	BOCA RATON,	FL 33434 US	City-St-Zip:			
Title:	VP ()	Delete	Title:	(	) Change ( ) Addition	
Name:	GROKHOWKSY	', MARIBETH	Name:			
Address:	159 S. E. SAILF	ISH LANE	Address:			
City-St-Zip:	STUART, FL 34	.996 US	City-St-Zip:			
Title:	( )	Delete	Title:	T (	) Change (X) Addition	
Name:			Name:	GROKHOWSKY, NICHOLAS		
Address:		Address:	P.O. BOX 880828			
City-St-Zip:			City-St-Zip:	BOCA RATON	, FL 33488	
Title:	( )	Delete	Title:	D (	) Change (X) Addition	
Name:			Name:	GROKHOWS	(Y, ALEXANDER	
Address:			Address:	P.O. BOX 880	828	

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.

City-St-Zip:

BOCA RATON, FL 33488

SIGNATURE: GEORGE GROKHOWSKY P 05/05/2008