

2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/27/2007-90033-045-\$550.00-\$550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 24 PM 2:29

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07202007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000102940					
1. Entity Name GM AMERICAN INVESTMENTS INC.					
Principal Place of Business 720 W. OAK STREET SUITE 308 KISSIMMEE, FL 34741			Mailing Address 720 W. OAK STREET SUITE 308 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 593525369	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MUMTAZ, SYED T 720 W. OAK STREET SUITE 308 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when replacing)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete			
NAME	MUMTAZ, SYED T				
STREET ADDRESS	720 W. OAK STREET SUITE 308				
CITY - ST - ZIP	KISSIMMEE, FL 34741				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
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TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
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: _____					
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT

9/19/07 407 944-4450