


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90094 032 ***150.00

DOCUMENT # P39013			
1. Entity Name AMERICAN EAGLE WHEEL CORPORATION			
Principal Place of Business 5780 SOESTERN CHINO CA 91710 US		Mailing Address 5780 SOESTERN COURT CHINO CA 92710	
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



1st MOORE CR2E034 (10/06)

4. FEI Number 95-3234558		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILL, ROD 1721 PREMIER ROW ORLANDO FL 32809		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FURLOLOW, MARIA			NAME	Raymond Elbertse		
STREET ADDRESS	5780 SOESTERN COURT			STREET ADDRESS	5780 Soestern Ct.		
CITY - ST - ZIP	CHINO CA 91710			CITY - ST - ZIP	Chino, CA 91710		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAITE, SYLVIA			NAME	Maria Furcolow		
STREET ADDRESS	5780 SOESTERN COURT			STREET ADDRESS	5780 Soestern Ct.		
CITY - ST - ZIP	CHINO CA			CITY - ST - ZIP	Chino, CA 91710		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELBERTSE, RAY			NAME	Raymond Elbertse		
STREET ADDRESS	5780 SOESTERN COURT			STREET ADDRESS	5780 Soestern Ct.		
CITY - ST - ZIP	CHINO CA			CITY - ST - ZIP	Chino, CA 91710		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Raymond Elbertse 042007 909-590-8828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #