

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002633

FILED
Apr 03, 2007
Secretary of State

Entity Name: AMERICAN INSURANCE AGENCY INC.

Current Principal Place of Business:

2623 N. STATE RD.7
LAUDERHILL, FL 33313

New Principal Place of Business:

2350 W OAKLAND PARK BLVD
800
FORT LAUDERDALE, FL 33311

Current Mailing Address:

PO BOX 5387
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0377240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSONS, GUNARS J
2623 N. STATE RD. 7
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANSONS, GUNARS J
Address: 2750 N.E. 52ND STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GUNARS J MANSONS

D

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date