


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000047805		
1. Entity Name AMERICAN AUTOMATION SYSTEMS INC.		

FILED
04 NOV 19 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2699 WEST 79TH STREET #7 HIALEAH, FL 33016 US	Mailing Address 2699 WEST 79TH STREET #7 HIALEAH, FL 33016 US
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2. Principal Place of Business 8255 West 20th Ave.	3. Mailing Address 8255 West 20th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



08/30/04 90011 050 \$150.00
11182004 REIN-P CR2E098 (6/04)

City & State Hialeah, Fla.	City & State Hialeah, Fla.
Zip 33014	Country USA
Zip 33014	Country USA

4. FEI Number 65-0501163	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 FLOREZ, CARLOS 16401 NW 84 AVE HIALEAH, FL 33016	
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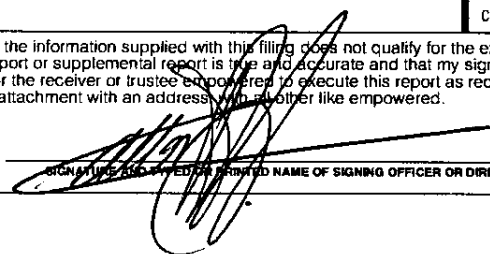
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEL P. FLOREZ, MARIA 16401 NW 84 AVE MIAMI LAKES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042904599 11/19/04--01054--013 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD FLOREZ, CARLOS 16401 NW 84TH AVE MIAMI LAKES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: 	Date 11/18/04	Daytime Phone # (305) 558-0088
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