


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 018 ***150.00

DOCUMENT # P95000008844

1. Entity Name
AMERICAN INVESTMENTS ENTERPRISES COMPANY



Principal Place of Business Mailing Address
2800 NW 32 AVE **2945 NW 21 TERR**
MIAMI, FL 33142 US **MIAMI, FL 33142 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

JOHN STRICKROOT C/O FOWLER, WHITE
100 SE SECOND ST
17TH FL
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **JOSE JESUS BABUN**

Street Address (P.O. Box Number is Not Acceptable)
2945 NW 21 TERRACE

City **MIAMI** FL Zip Code **33142**

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: *[Signature]* **JOSE JESUS BABUN** DATE: **1-13-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BABUN-SELMAN, JOSE	
STREET ADDRESS	3160 NW 14TH ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BABUN, JOSE JESUS	
STREET ADDRESS	12711 NW 6TH STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BABUN, SARA CRISTINA	
STREET ADDRESS	9250 SW 69TH ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

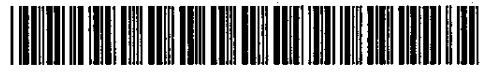
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *[Signature]* **VP/SEC JOSE JESUS BABUN** DATE: **1-13-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



01132004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0599257** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required