


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000012406		
1. Entity Name AMERICAS INTERNATIONAL NETWORK CORP.		
Principal Place of Business 7001 SW 97TH AVE MIAMI, FL 33173	Mailing Address 7001 SW 97TH AVE MIAMI, FL 33173	
DO NOT WRITE IN THIS SPACE		



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0570416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent CARRICANTE, MICHAEL A 7001 SW 97 AVE #210 MIAMI, FL 33173	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	CD CARRICANTE, MICHAEL 7001 SW 97TH AVE MIAMI, FL 33173	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRICANTE, MICHAEL L 7001 SW 97TH AVENUE MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOLBER, CLIFFORD 7001 SW 97 AVENUE MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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04/27/04-80041-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #