

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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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**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

FILED
07 JAN 11 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700082679767
12/20/06--01040--011 **\$1.25

2007 AR



4. FEI Number
65-0570416

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CARRICANTE, MICHAEL A
7001 SW 97 AVE #210
MIAMI, FL 33173**

7. Name and Address of New Registered Agent
Name
Maltby, Alfred D.
Street Address (P.O. Box Number is Not Acceptable)
7001 SW 97th Avenue
City
Miami FL Zip Code
33173

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)

Amended AR is \$61.25

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

700082679767
01/17/07--01028--021 **\$8.75

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRICARTE, MICHAEL		NAME	Davies, Julian P.	
STREET ADDRESS	7001 SW 97TH AVE		STREET ADDRESS	15-19 Bloomsbury Way	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	London, UK WC1A 2BA	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRICARTE, MICHAEL L		NAME	Holden, Dean A.	
STREET ADDRESS	7001 SW 97TH AVENUE		STREET ADDRESS	15-19 Bloomsbury Way	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	London, UK WC1A 2BA	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLBER, CLIFFORD		NAME	Nyren, Charles W.	
STREET ADDRESS	7001 SW 97 AVENUE		STREET ADDRESS	7001 SW 97th Avenue	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Delete	TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Maltby, Alfred D.	
STREET ADDRESS			STREET ADDRESS	7001 SW 97th Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lopez-Preusse, Francisco	
STREET ADDRESS			STREET ADDRESS	7001 SW 97th Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Swain, Corinna J.	
STREET ADDRESS			STREET ADDRESS	7001 SW 97th Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33173	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Francisco Lopez-Preusse
12.19.06 **207.275.1400**


SIGNATURE: _____ Date _____ Daytime Phone # _____

(M) 1/12/07

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**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

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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		
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	
6. Name and Address of Current Registered Agent CARRICANTE, MICHAEL A 7001 SW 97 AVE #210 MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Maltby, Alfred D. Street Address (P.O. Box Number is Not Acceptable) 7001 SW 97th Avenue City Miami FL Zip Code 33173	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARRICANTE, MICHAEL L 7001 SW 97TH AVENUE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Headley, John C. Russell House, Russell Mews Brighton, UK BN1 2HZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOLBER, CLIFFORD 7001 SW 97 AVENUE MIAMI, FL 33173	<input checked="" 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 exemptions contained 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 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: _____			Francisco Lopez <i>[Signature]</i> 12-19-06 305-270-1400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		