

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015603

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: AMERICAN BANKERS MANAGEMENT COMPANY, INC.

## Current Principal Place of Business:

11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157

## New Mailing Address:

FEI Number: 65-0597010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PD ( ) Delete  
Name: BECERRA, MANUEL  
Address: 11222 QUAIL ROOST DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: AS (X) Delete  
Name: HEGGEN, ARTHUR W  
Address: 11222 QUAIL ROOST DR  
City-St-Zip: MIAMI, FL

Title: DT ( ) Delete  
Name: WENDALL STOCKER,  
Address: 260 INTERSTATE NO CIRCLE SE  
City-St-Zip: ATLANTA, GA 30339

Title: S ( ) Delete  
Name: ARAGON-CRUZ, JEANNIE  
Address: 11222 QUAIL ROOST DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: LAMNIN, ADAM  
Address: 11222 QUAIL ROOST DRIVE  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEANNIE ARAGON-CRUZ

S

02/05/2009

Electronic Signature of Signing Officer or Director

Date