

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90126 036 \*\*\*150.00

DOCUMENT # P96000042526

1. Entity Name

AMERICAN COMMONWEALTH INVESTMENT CORPORATION



Principal Place of Business

2740 E. OAKLAND PARK BLVD.  
SUITE 302  
FORT LAUDERDALE FL 33306  
US

Mailing Address

2740 E. OAKLAND PARK BLVD.  
SUITE 302  
FORT LAUDERDALE FL 33306  
US

64040443

2. Principal Place of Business

2727 E. Oakland Park Blvd  
Suite, Apt. #, etc.  
# 3rd Floor

3. Mailing Address

Suite, Apt. #, etc. SAME

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0667915

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BARBARA H  
2740 E. OAKLAND PARK BLVD.  
SUITE 302  
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name Johnson, Barbara H

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

FL

Zip Code

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

Barbara Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSON, BARBARA H  
STREET ADDRESS 2740 E. OAKLAND PARK BLVD. STE. 302  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME JOHNSON, BARBARA H  
STREET ADDRESS  
CITY-ST-ZIP SAME

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

Barbara Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

DATE

(954) 205-5407

Daytime Phone #