04/26/2005 16:24 9545874377 MCCLEARY &

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90519 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000042526

1. Entity Name
AMERICAN COMMONWEALTH INVESTMENT CORPORATION

500045489

Principal Place of Business	Mailing Address
2727 E OAKLAND PK BLVD. 3RD FLR. FORT LAUDERDALE, FL 33306 US	2740 E. OAKLAND PARK BLVD. SUITE 302 FORT LAUDERDALE, FL 33306 US

04262005 Chg-F CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	2727 E Oakland Pk Blvd
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State	City & State
Zip / Country	Zip / Country

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:
Street Address (P.O. Box Number is Not Acceptable): 2727 E Oakland Park Blvd
Suite 101
Ft Lauderdale FL 33306

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 H Johnson Pres Barbara H. Johnson, Pres. 4-26-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	XX Change ☐ Addition
NAME	JOHNSON, BARBARA H		NAME	
STREET ADDRESS	2740 E. OAKLAND PARK BLVD. STE. 302		STREET ADDRESS	2727 E Oakland Pk Blvd, Ste 101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 H Johnson Pres Barbara H. Johnson, President 4-26-05 954-564-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #