2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

f. Entity Nam	MENT # P96000102 MERICAN SALES, INC.	338		Secretary of State
Principal Plac 2742 NW 30 LAUDERDALE	WAY E LAKES, FL 33311	Mailing Address 2742 NW 30 WAY LAUDERDALE LAKES, FL 3331	1	. TO CONTROL TO SOURCE TO SOURCE AND A CONTROL TO SOURCE AND A CONTROL OF THE CON
D	O NOT WRITE		CE	04252005 No Chg-P CR2E034 (10/03) 4. FEI Number
	6. Name and Address of Current F CHAEL 5 TERRACE D BEACH, FL 33442	egistered Agent		DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and tille if applicable. (NOTE, Registered Agent algebruig required when renatating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARA, MICHAEL 345 NW 45 TERRACE DEERFIELD BEACH, FL 33442	DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				U00000334505 04/27/05-80046-021 158.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST-ZIP	. storage			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		\triangle		
12. I hereby certify that the information supplied with his filling 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 cath, that I am an officer or director of the corporation or the recorder or trusteeterm by red 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: 4/27/05 SIGNATURE AND TWEED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deviling Phone #				