2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 30, 2008 8:00 am Secretary of State

1. Entity Name	MENT # P9700005 MERICAN DEVELOPMEN		04-30-2008 90194 025 ***150.00		
Principal Place of Business 777 41ST ST 2ND FLOOR MIAMI BEACH, FL 33140		Mailing Address 777 41ST ST 2ND FLOOR MIAMI BEACH, FL 33140			ļ
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008 Chg-P CR2E034 (12/06)	
City & State		City & State	y .	4. FEI Number Applied Fc 65-0768044 Not Applie	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
BENALLOUN, ALBERT				ress (P.O. Box Number is Not Acceptable)	
	ACH, FL 33140				İ
	.*		City	FL Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or req	egistered agent, or both, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE.	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	E: Registered Agent signature re	required when reinstating) DATE	
	E NOW!!! FEE 18 \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENALLOUN, AÉBERT 3748 PRAIRIE AVE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ac	ldilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14'	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ac	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-S1-2IP	☐ Change ☐ Ac	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ D elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ At	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ai	ddition
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I hereby certify that the information supplied with this filling 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 outh; 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: _

APRIL 25 2008

305-404-0664