2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# P98000036441

Entity Name: AMERICAN INSURANCE OF FT. LAUDERDALE, INC.

Current Principal Place of Business:

2750 NE 52 ST
FT LAUDERDALE, FL 33308

New Principal Place of Business:

2350 WEST OAKLAND PARK BLVD
800
FT LAUDERDALE, FL 33311

Current Mailing Address:

2750 NE 52 ST
FT LAUDERDALE, FL 33308

New Mailing Address:

PO BOX 5387
FT LAUDERDALE, FL 33310

FEI Number: 65-0830662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANSONS, SILVIA
2750 NE 52 ST
FT LAUDERDALE, FL 33308 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: MANSONS, SILVIA
Address: 2750 NE 52 ST.
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SILVIA MANSONS PD 04/02/2008

Electronic Signature of Signing Officer or Director Date