2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000045252

1. Entity Name

AMERICAN INTERNATIONAL REALTY PLUS, INC.



FILED Apr 19, 2005 08:00 AM Secretary of State

Principal Place of Business

2630 N. UNIVERSITY DR. SUNRISE, FL 33322 US

_Mailing Address

2630 N. UNIVERSITY DR. SUNRISE, FL 33322 US



04072005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0838774 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

CAMPBELL, DEBON L __ 2630 N. UNIVERSITY DR. SUNRISE, FL 33322

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		IN THIS SPACE	
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered office or re-	egistered agent, or both, in the State of Florida. I am fami	liar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	If applicable. (NOTE Registered Agent signature r	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 DIRE	CTORS		
TITLE PD NAME CAMPBELL, DEBON L STREET ADDRESS 2117 SW 151 AVE CITY-ST-ZIP MIRAMAR, FL 33027			
NAME CAMPBELL, JENNIFER A STREET ADDRESS 2117 SW 151 AVE. GITY-ST-ZIP MIRAMAR, FL 33027		000000315216 04/19/05-80023-025	158. <i>1</i> 5
TITLE NAME STREET ADDRESS CITY-SY-ZIP		DO NOT WRITE	.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this f	filing does not qualify for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify t	hat 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 that an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110BEI 04115/2005 --

Daytime Phone #