


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90092 019 ***150.00

DOCUMENT # P99000037226	
1. Entity Name AMERICAN INTERNATIONAL EQUITIES, INC.	

Principal Place of Business 1180 SPRING CENTER S. BLVD. 110 B ALTAMONTE SPRINGS, FL 32714	Mailing Address 1855 WEST STATE ROAD 434 STE. 258 LONGWOOD, FL 32779
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34055055



2. Principal Place of Business 1180 Spring Center Blvd	3. Mailing Address 1180 Spring Center Blvd
Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714	Zip 32714
Country Seminole	Country Seminole

04142004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3572279

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LOVESTRAND, PAUL 1180 SPRING CENTER SOUTH BLVD. 110 B ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Sehba M. Joachim Street Address (P.O. Box Number is Not Acceptable) 1180 Spring Center South Blvd. Suite 110 City Altamonte Springs FL Zip Code 32714
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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 **Sehba M. Joachim** Dir/Agent **4/14/04**
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOACHIM, LOUIS SR. 609 SMOKERISE BLVD. LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHSIN, SEHBA 609 SMOKERISE BLVD. LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sehba M. Joachim 609 Smokense Blvd Longwood FL 32719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVESTRAND, PAUL 1855 W. STATE ROAD 434 STE. 258 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Lovestrand 500 Preston Rd Longwood, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOACHIM, LOUIS JR. 609 SMOKERISE BLVD. LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Sehba M. Joachim** **4/14/04** **407-262-9199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #