

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040899

FILED
Apr 01, 2005
Secretary of State

Entity Name: AMERICAN IMMIGRANT SERVICES, INC.

Current Principal Place of Business:

2910 W. WATERS AVE.
S 100
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

2910 W. WATERS AVE.
S 100
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-3577325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHECKELS, MARIA D
1420 W. MEADOWBROOK AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

SHECKELS, MARIA D
3114 MCFARLAND RD
TAMPA, FL 33618 US

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:

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SHECKELS, MARIA D
Address: 3114 MCFARLAND RD.
City-St-Zip: TAMPA, FL 33618

Title: VSD () Delete
Name: LOZANO, DIEGO
Address: 3114 MCFARLAND RD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA D. SHECKELS

PTD

04/01/2005

Electronic Signature of Signing Officer or Director

Date