

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108921

FILED
Jan 06, 2005
Secretary of State

Entity Name: AMERICAN INSURANCE BROKERS LIFE & HEALTH, INC.

Current Principal Place of Business:

3785 NW 82 AVENUE
#307
MIAMI, FL 33166

New Principal Place of Business:

3625 N.W. 82 AVE.
#101
MIAMI, FL 33166

Current Mailing Address:

P O BOX 66-7955
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0971418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JULIO H
3785 N.W. 82 AVE.
SUITE #307
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

GONZALEZ, JULIO H
3625 N.W. 82 AVE.
SUITE #101
MIAMI, FL 33166 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:

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GONZALEZ, JULIO
Address: 37855 NW 82 AVE. #307
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: GONZALEZ, JULIO
Address: 3625 NW 82 AVE. #101
City-St-Zip: MIAMI, FL 33166

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: JULIO H. GONZALEZ

PSD

01/06/2005

Electronic Signature of Signing Officer or Director

Date