2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2008 08:00 All Secretary of State **DOCUMENT # S02748** 1. Entity Name AMERICAN INDUSTRIAL CORP. Principal Place of Business Mailing Address 15530 SOUTHWEST 19TH LANE 15530 SOUTHWEST 19TH LANE MIAMI, FL 33185 MIAMI, FL 33185 No Chg-P CR2E034 (11/05) 04012008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0222657 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FLORES, EDGARD R. 2402 SOUTH WEST 138TH AVENUE MIAMI, FL 33175 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 04/15/03-80032-009 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 m Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FLORES, EDGARD R. 2402 S.W. 138TH AVE STREET ADDRESS MIAMI, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE 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 filing does not qualify for the exemptions contained 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNI

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