

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13103

FILED
May 04, 2006
Secretary of State

Entity Name: AMERICAN WESTERN CONSULTANTS, INC.

Current Principal Place of Business:

9470 SW 9 TERR
MIAMI, FL 331743071 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 440542
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0229443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, DELIA E PD
9470 S.W. 9TH TERRACE
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MULLER, ALBERTO SD
Address: 13141 N.W. 7 LANE
City-St-Zip: MIAMI, FL 33182 US

Title: PD () Delete
Name: MARTINEZ, DELIA E PD
Address: 9470 SA.W. 9TH TERRACE
City-St-Zip: MIAMI, FL 33174 US

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 Chapter 119, 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: DELIA E MARTINEZ

PD

05/04/2006

Electronic Signature of Signing Officer or Director

Date