## **2007 FOR PROFIT CORPORATION**

## Jun 04, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # V07475** 06-04-2007 90008 018 \*\*\*150.00 AMERICAN EQUITY SITE DEVELOPERS, INC. Principal Place of Business Mailing Address 7311 NW 12TH ST 7311 NW 12TH ST #30 #30 MIAMI, FL 33126 MIAMI, FL 33126 US No Chg-P 03062007 CR2E034 (11/05) DO NOT WARIER IN THIS SEACE Applied For 4. FEI Number 65-0317072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSE, ELLEN ONE SE THIRD AVE #2400 MIAMI, FL 33131 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WIENER, HAIM NAME STREET ADDRESS 7311 NW 12TH ST #30 CITY-ST-ZIP MIAMI, FL 33126 VP TITLE MARK, DANIA NAME 7311 NW 12TH ST #30 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS LIME TO CHE THE THE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Dayline Phone #