

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90238 002 ***150.00

DOCUMENT # P98000080462

1. Entity Name
AMERICAN IMMIGRATION MANAGEMENT, INC.



Principal Place of Business
**702 MANATEE BAY DRIVE
BOYNTON BEACH, FL 33435 US**

Mailing Address
**702 MANATEE BAY DRIVE
BOYNTON BEACH, FL 33435 US**

60000348



01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
1511 AREZZO CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1511 AREZZO CIRCLE
Suite, Apt. #, etc.

City & State
Boynton Beach FL
Zip
33436
Country
USA

City & State
Boynton Beach FL
Zip
33436
Country
USA

4. FEI Number
65-0867975
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RYAN, FLORENCE
702 MANATEE BAY DRIVE
BOYNTON BEACH, FL 33435**

7. Name and Address of New Registered Agent

Name
RYAN, FLORENCE
Street Address (P.O. Box Number is Not Acceptable)
1511 AREZZO CIRCLE
City
Boynton Beach FL Zip Code
33436

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 **Florence S Ryan, Pres.** **1/3/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
RYAN, FLORENCE S ☐ Delete
STREET ADDRESS
702 MANATEE BAY DRIVE
CITY - ST - ZIP
BOYNTON BEACH, FL 33435

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☒ Change ☐ Addition
NAME
RYAN, FLORENCE S.
STREET ADDRESS
1511 AREZZO CIRCLE
CITY - ST - ZIP
Boynton Beach FL 33436

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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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: **Florence S Ryan, Pres** **1/3/07** **(561)737-4716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #