

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 01, 2005  
Secretary of State**

DOCUMENT# F31631

Entity Name: AMERIPROP, INC.

**Current Principal Place of Business:**

1838 SOUTH MIAMI AVENUE  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

1838 SOUTH MIAMI AVENUE  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 59-2105116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SVALDI, MICHAEL  
1838 SOUTH MIAMI AVENUE  
MIAMI, FL 33129 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SVALDI, MICHAEL  
Address: 1838 SOUTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: SVALDI, MICHAEL,  
Address: 1838 S. MIAMI AVE.  
City-St-Zip: MIAMI, FL

**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 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: MICHAEL SVALDI

PD

02/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date