

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M42695 1. Entity Name AMERICORP DEVELOPMENT, INC.	
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Principal Place of Business 7304 NW 56TH ST MIAMI, FL 33166 US	Mailing Address 7304 NW 56TH ST MIAMI, FL 33166 US
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07132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2742223	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEL RIO, PEDRO 10381 SW 97 ST MIAMI, FL 33176

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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: <u>07/18/06-80015-002 158.75</u>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL RIO, PEDRO 10381 SW 128TH ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL RIO, DARLENE B. 10381 SW 128TH ST MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Darlene B. Del Rio</u> Darlene B. Del Rio <u>7/13/06</u> <u>305) 477-9200</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #