


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005242
 1. Entity Name
 AMERICANS PROTECTING FAMILY VALUES, INC.




Principal Place of Business 12882 SW 60TH TERRACE MIAMI, FL 33183	Mailing Address 12882 SW 60TH TERRACE MIAMI, FL 33183
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06 FEB -1 AM 10:53
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

T Roberts FEB 01 2006



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1141741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NARANJO, JULIO
 12882 SW 60TH TERRACE
 MIAMI, FL 33183

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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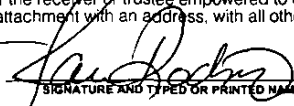
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARANJO, JULIO 12882 SW 60TH TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, BARBARA 15373 SW 39TH LANE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JARNETTE G 1985 NW 88TH COURT, SUITE 101 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 617, 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:  Jarnette Rodriguez, Treas 1/05/06 (305) 593-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #