


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90076 017 ***550.00

DOCUMENT # P02000006344

1. Entity Name
AMERIFIRST AUTO CENTER, INC.




Principal Place of Business Mailing Address
10034 NW 79TH AVE **10034 NW 79TH AVE**
HIALEAH GARDEN, FL 33016 **HIALEAH GARDEN, FL 33016**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
10030 N.W 79 AVE **10030 N.W 79 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HIALEAH GARDEN **HIALEAH GARDEN**

Zip Country Zip Country
33016 **DADE** **33016** **DADE**



07062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
04-3588530 Not Applicable

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

6. Name and Address of Current Registered Agent
GHODSI, MEHDI
10034 N W 79 AVE
HIALEAH, FL 33016

7. Name and Address of New Registered Agent
 Name: **GHODSI, MEHDI**
 Street Address (P.O. Box Number is Not Acceptable):
10030 N.W 79 AVE
 City: **HIALEAH GARDEN** **FL** Zip Code

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]* DATE: **7-6-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSTD	GHODSI, MEHDI	10034 N W 79 AVE	HIALEAH, FL 331016	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PSTD	GHODSI, MEHDI	10030 N.W 79 AVE	HIALEAH GARDEN, FL 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* DATE: **7-6-07**