

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027142

**FILED
Jun 30, 2005
Secretary of State**

Entity Name: AMERIFIRE, INC.

Current Principal Place of Business:

15670 SW 141 COURT
MIAMI, FL 331771099

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770505
MIAMI, FL 331770505

New Mailing Address:

FEI Number: 03-0403098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REICHERT, ENRIQUE J
15670 SW 141 COURT
MIAMI, FL 331771099 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REICHERT, ENRIQUE J
Address: 15670 SW 141 COURT
City-St-Zip: MIAMI, FL 331771099

Title: D () Delete
Name: REICHERT, MARIA T
Address: 15670 SW 141 COURT
City-St-Zip: MIAMI, FL 331771099

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: MARIA T. REICHERT

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06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date