


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90015 016 ***150.00

DOCUMENT # P02000061557

1. Entity Name
 AMERICAN FLORIDA VALET, INC.



Principal Place of Business
 3325 GRIFFIN RD #183
 FT LAUDERDALE, FL 33312

Mailing Address
 3325 GRIFFIN RD #183
 FT LAUDERDALE, FL 33312

44051986



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 2899 ALCOURA ROAD
 Suite, Apt. #, etc.
 # 720
 City & State
 WESTLAKE WELLSBORO, PA
 Zip
 91361

08092004 Chg-P CR2E034 (10/03)

4. FEI Number
 16-1621483

Applied For -
 Not Applicable

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

6. Name and Address of Current Registered Agent

VELARDE, JAIME
 3325 GRIFFIN ROAD, #183
 FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VELARDE, JAIME	
STREET ADDRESS	3325 GRIFFIN RD #183	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jaime Velarde **JAI ME VELARDE** 8-10-04 954 452 5085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #