

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006704**1. Entity Name
AFFORDABLE HOUSING GROUP, INC.

Principal Place of Business 19545 NW 2ND AVE MIAMI FL 331693335	Mailing Address 19545 NW 2ND AVE MIAMI FL 331693335
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2. Principal Place of Business 5632 JOHNSON STREET Suite, Apt. #, etc.	3. Mailing Address 5632 JOHNSON STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HOLLYWOOD FL	City & State HOLLYWOOD FL	4. FEI Number 65-1021618	Applied For Not Applicable
Zip 330215632	Country US	Zip 330215632	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ETSUBNEH JENNIFER 19545 NW 2ND AVE MIAMI FL 331693335 US		7. Name and Address of New Registered Agent Name GOODRICH STUART N Street Address (P.O. Box Number is Not Acceptable) 5632 JOHNSON STREET City HOLLYWOOD FL Zip Code 330215632	
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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.

SIGNATURE **STUART N. GOODRICH** **05/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHECTER ALLAN 19545 NW 2ND AVE MIAMI FL 331693335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHECTER ALLAN 5632 JOHNSON STREET HOLLYWOOD FL 330215632 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ETSUBNEH JENNIFER 19545 NW 2ND AVE MIAMI FL 331693335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ETSUBNEH JENNIFER 5632 JOHNSON STREET HOLLYWOOD FL 330215632 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODRICH STUART N 19545 NW 2ND AVE MIAMI FL 331693335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODRICH STUART N 5632 JOHNSON STREET HOLLYWOOD FL 330215632 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **STUART N. GOODRICH** PD **05/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)