

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90117 048 \*\*\*150.00

**DOCUMENT # 594778**

1. Entity Name  
**AMERINVEST, INC.**



Principal Place of Business

1925 BRICKELL AVE.  
STE D202  
MIAMI, FL 33129

Mailing Address

1925 BRICKELL AVE.  
STE D202  
MIAMI, FL 33129

66009336



01122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2069557** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, RAMON  
782 N.W. 42 AVENUE  
#447  
MIAMI, FL 33126

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOL, GODOFREDO
STREET ADDRESS	1925 BRICKELL AVE.
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	S
NAME	BROUWER, MARIA
STREET ADDRESS	1925 BRICKELL AVE.
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	D
NAME	BONILLA SOSA, SALVADOR
STREET ADDRESS	1925 BRICKELL AVE.
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Maria Brouwer* MARIA BROUWER

3/16/06 (305) 856-1452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #