


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90189 001 \*\*\*150.00

<b>DOCUMENT # K73945</b> 1. Entity Name AMERI-HOUSING CORP.	
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Principal Place of Business 1150 NW 72ND AVE. PH2 AIRPORT EXEC. TOWER 1 MIAMI, FL 33126 US	Mailing Address % SIDNEY Z. BRODIE 7270 N.W. 12 STREET, PENTHOUSE I MIAMI, FL 33126
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**DO NOT WRITE IN THIS SPACE**

60033730



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0124062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z.  
7270 NORTHWEST 12 STREET  
PENTHOUSE I, AIRPORT EXECUTIVE TOWER II  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDONA, GAIL 1150 NW 72 AVE PH-2 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPO, ALEJANDRO 2820 LAKE AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:**  **4-25-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #