


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # M36703 1. Entity Name AMERINVEST FINANCIAL GROUP, INC.		
Principal Place of Business 7320 LOS PINOS BLVD CORAL GABLES, FL 33143 US	Mailing Address 7320 LOS PINOS BLVD. CORAL GABLES, FL 33143 US	
<p>DO NOT WRITE IN THIS SPACE</p>		
6. Name and Address of Current Registered Agent PENALVER, RAFAEL A. 1101 BRICKELL AVENUE X MIAMI, FL 33131		
<p>DO NOT WRITE IN THIS SPACE</p>		
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000383145 01/12/06-80042-006 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANTIN, VICTOR 7320 LOS PINOS BLVD. CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PANTIN, CONNIE 7320 LOS PINOS BLVD. CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>DO NOT WRITE IN THIS SPACE</p>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Victor J. Pantin</i></u> VICTOR J. PANTIN <u>1-5-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2722320	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

**DO NOT WRITE
IN THIS SPACE**