

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90003 046 ***150.00

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02222007 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 23425 PARK COLOMBO Suite, Apt. #, etc.		3. Mailing Address 23425 PARK COLOMBO Suite, Apt. #, etc.			
City & State CALABASAS CA		City & State CALABASAS CA		4. FEI Number 59-2722320	
Zip 91302		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENALVER, RAFAEL A. 1101 BRICKELL AVENUE X MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANTIN, VICTOR 7320 LOS PINOS BLVD. CORAL GABLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23425 PARK COLOMBO CALABASAS, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PANTIN, CONNIE 7320 LOS PINOS BLVD. CORAL GABLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23425 PARK COLOMBO CALABASAS, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: VICTOR J. PANTIN 2/22/07 818-857-6542 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					