
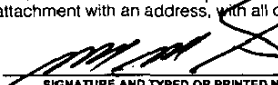


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90034 034 ***150.00

DOCUMENT # M57081 1. Entity Name AMERICA FIRST INTERNATIONAL, INC.																													
Principal Place of Business 5409 NW 72ND AVENUE MIAMI, FL 33166			Mailing Address 5409 NW 72ND AVENUE MIAMI, FL 33166																										
2. Principal Place of Business - No P.O. Box # 1820-24 NW 82nd Ave		3. Mailing Address 1820-24 NW 82nd Ave																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State Doral, FL		City & State Doral, FL		4. FEI Number 65-0084038																									
Zip 33126		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent MORALES, MARIO A. 5409 NW 72ND AVE. MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORALES, MARIO A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14100 SW 45TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PST	<input type="checkbox"/> Delete	NAME	MORALES, MARIO A.		STREET ADDRESS	14100 SW 45TH STREET		CITY - ST - ZIP	MIAMI, FL		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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.																													
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> April 25-2007 305-883-9211 <small>Date Daytime Phone #</small> </div> </div>																													

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