


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90048 030 ***150.00

DOCUMENT # P00000074432	
1. Entity Name A.F.M. FINANCIAL GROUP INC.	

Principal Place of Business 1705 N. S.R. 7 MARGATE, FL 33063	Mailing Address 1705 N. S.R. 7 MARGATE, FL 33063
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2. Principal Place of Business - No P.O. Box # 1500 UNIVERSITY DRIVE Suite, Apt. #, etc. 273	3. Mailing Address 1500 UNIVERSITY DRIVE Suite, Apt. #, etc. 273
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City & State CORAL SPRINGS, FLORIDA	City & State CORAL SPRINGS, FLORIDA
Zip 33071	Country BROWARD



04132007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1057454	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARCO, ANTHONY F SR 5311 NW 44 AVE. COCONUT CREEK, FL 33073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 resigning) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCO, ANTHONY F SR 5311 NW 44 AVE. COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Anthony F. Marco **ANTHONY F. MARCO** 4/12/07 954-975-5116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #