2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000088860

1. Entity Name



FILED Feb 11, 2008 08:00 Al Secretary of State

AMERIHOME REALTY, INC							•	
Principal Plac	ce of Business	Mailing Arldress						
7950 NW 1	55 ST	7950 NW 155 ST	7950 NW 155 ST					
105		105	105			BIJBBI III BBIRS ISBN CRSD 20111 BCIJI BCIR IS		
MIAMI LAKES FL 33016 US		MIAMI LAKES FL 33016 US						
2. Principal Place of Business - No P.C. Box #		3. Mailing Address			, '' '	948 M 124 W M) 33 () 33() 34() 34() 34() 34() 34() 34() 34
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE				
City & State		City & State		- 10-14 M. 2400211	4. FEI Numb	36-4493747		Applied For Not Applicable
Zıp	Country	Zip	Country		5. Certifical	e of Status Desired	\$8.75 A	
	6. Name and Address of Currer	nt Registered Agent			7. Name an	d Address of New Registered	1 Agent	
			N	iame				
168	MOYA, MIRIAM C 25 NW 84TH COURT		Street Adu		P O. Box Numb	per is Not Acceptable)		
MIA	MI LAKES FL 33016						·	
			С	ity		F	L Zip Co	ode
8. The above	e named entity submits this statement	for the purpose of changing its	registered of	ffice or registers	ed agent, or be	oth, in the State of Florida. I ar	n familiar wit	th, and accept
the obliga	tions of registered agent.						•	
SIGNATURE								
	Signature, typed or printed Henrih of regil teredinger	ntunvitte fampicable, (NOTE	Pegistirred Age	r La gristure reguired	when reinstatic g)	DATE		
	ILE NOW!!! FEE IS \$150.00	end is a control				9. Election Campaign Finar	nounce Ct	5.00 May Be
After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.		ided to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 11
TITLE	PV	☐ Delete	TITLE				☐ Changa	e 🔲 Addition
NAME AVECT ADDRESS	DE MOYA, MIRIAM C		NAME					
STREET ADDRESS CITY-ST-ZIP	16825 NW 84TH COURT MIAMI LAKES FL 33016		STREET AD					
TITLE	VP			71,				
NAME	DE MOYA, IVAN E	☐ De⊧ele	TITLE			U00000823888	☐ Change	e 🔲 Addilion
	16825 NW 84 COURT		STREET AD	ORESS		02/20/08-80052-0	021 150	.00
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-Z	rjp				
TIELE		☐ Delete	TITLE				☐ Change	e 🔲 Addition
NAME			NAME					
STREET ADDRESS	· ·	- .	"STRÉET AD					
CITY-ST-ZIP			CITY-ST-Z	[P		, <u>, , , , , , , , , , , , , , , , , , </u>		
IIILE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	46		NAME	20500				
CITY-ST-ZIP			STREET ADD					
TITLE		☐ Deiale	TITLE		<u></u>		☐ Change	# Addition
HAME		Li De de	NAME					; Li Addition
STREET ADDRESS			STREET ADS	DRESS				
CITY-ST-ZIP			CITY - ST - Z	TP				
TITLE		☐ De;ele	TITLE				☐ Change	Acdition
NAME			NAME					
STREET ADDRESS			STREET ADE					
CITY-ST-ZIP	1		CITY-ST-Z	IF				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of Justice empowered to execute this poort as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment will as address, with all other like exposured.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR