2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P01000093400 02-09-2006 90036 042 ***150.00 1. Entity Name AMERIHOME FINANCIAL, INC. Principal Place of Business Mailing Address 16825 NW 84TH COURT MIAMI LAKES FL 33016 7950 NW 155 ST HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 36-4493749 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE MOYA, IVAN Street Address (P.O. Box Number is Not Acceptable) 16825 NW 84TH COURT MIAMI LAKES FL 33016 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE PD Delete TITLE Change Change De MOYA, Ivan E 16825 NW 84 Court NAME NAME DE MOYA, MIRIAM STREET ADDRESS 16825 NW 84TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 miami Lakes, FL 33016 **X** Delete TITLE VD Change ☐ Addition NAME NAME DE MOYA, IVAN STREET ADDRESS STREET ADDRESS 16825 NW 84TH COURT MIAMI LAKES FL 33016 CITY-ST-7/P CITY-ST-ZIP Addition TITLE STD TITLE ☐ Change 16825 NW 84TH COURT - Change to VD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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:

FILED

Feb 09, 2006 8:00 am

1/26/04 305-558-3501