

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90012 003 \*\*\*150.00

**DOCUMENT # P01000093400**

1. Entity Name

AMERIHOM FINANCIAL, INC.



Principal Place of Business

7950 NW 155 ST  
106  
HIALEAH FL 33016

Mailing Address

16825 NW 84TH COURT  
MIAMI LAKES FL 33016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7950 NW 155 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 106

City & State

City & State

Miami Lakes

Zip

Country

Zip

Country

33016

US

1st MOORE

CR2E034 (10/07)

4. FEI Number

36-4493749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MOYA, IVAN  
16825 NW 84TH COURT  
MIAMI LAKES FL 33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! - FEE IS \$150.00 -**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMOYA, MIRIAM	
STREET ADDRESS	16825 NW 84 CT	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE MOYA, IVAN E	
STREET ADDRESS	16825 NW 84TH COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Miriam De Moya 2/8/08 305-558-8890