

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 Mailing Address

7950 NW 155 ST
 106
 HIALEAH FL 33016

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.

100

City & State City & State

Miami Lakes

Zip Country Zip Country

33016 US

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For

36-4493749 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOYA, MIRIAM	NAME	
STREET ADDRESS	16825 NW 84 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MOYA, IVAN E	NAME	
STREET ADDRESS	16825 NW 84TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Miriam De Moya 2/8/08 305-558-8890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #