

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


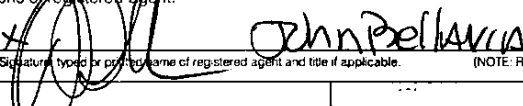
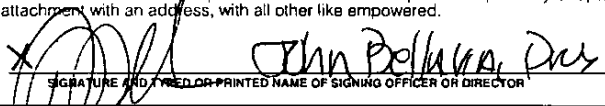
**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90052 010 \*\*\*150.00

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03302005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000094482</b>			
1. Entity Name AMERICAN HOMES OF SOUTH FLORIDA, INC.			
Principal Place of Business 7381 NW 115TH TER POMPANO BEACH, FL 33076		Mailing Address 7381 NW 115TH TER POMPANO BEACH, FL 33076	
2. Principal Place of Business 7381 NW 115TH TER Suite, Apt. #, etc.		3. Mailing Address 7381 NW 115TH TER Suite, Apt. #, etc.	
City & State Parkland FL		City & State Parkland FL	
Zip 33076	Country	Zip 33076	Country
4. FEI Number 33-1050806		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLAVIA, JOHN 7381 NW 115TH TER POMPANO BEACH, FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7381 NW 115TH TER City Parkland FL Zip Code 33076	
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:  JOHN BELLAVIA Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4-11-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		- 9: Election Campaign Financing -- \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELLAVIA, JOHN 7381 NW 115TH TER POMPANO BEACH, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Parkland, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JOHN BELLAVIA, Pres Signature typed or printed name of signing officer or director		Date: 4-11-05 Daytime Phone #	