

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000102654	
1. Entity Name AMERICAN FORECLOSURE INC.	

Principal Place of Business 3305 NW 79TH ST MIAMI, FL 33147 US	Mailing Address C/O LOPEZ ACCOUNTING 1800 W 49TH STREET #121 HALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE

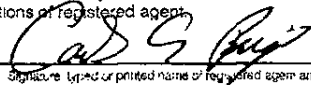
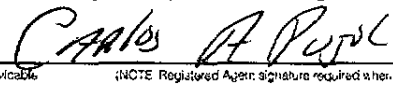


01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1146213	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PUJOL, CARLOS 3305 NW 79 ST MIAMI, FL 33147
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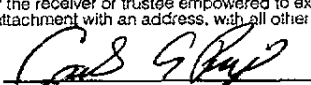
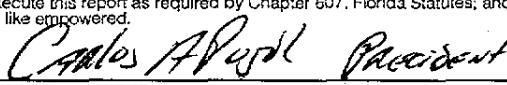
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		1-20-05
Signature typed or printed name of registered agent and title if applicable		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000355195 05/03/05 80137-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUJOL, CARLOS 3305 NW 79TH ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, JUAN C 3305 NW 49TH STREET MIAMI, FL 33147
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, 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: 	 President	1-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE