

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 04, 2006 8:00 am
Secretary of State

05-04-2006 90195 028 ***150.00

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01172006 Chg-P CR2E034 (11/05)

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 HIALEAH, FL 33012 US <i>C/O LOPEZ ACCOUNTING</i>		
2. Principal Place of Business			3. Mailing Address <i>1800 W. 49 St.</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <i>201</i>		
City & State			City & State <i>Hialeah, FL</i>		
Zip	Country	Zip <i>33012</i>	Country <i>USA</i>	4. FEI Number 65-1146213	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUJOL, CARLOS 3305 NW 79 ST MIAMI, FL 33147				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PUJOL, CARLOS 3305 NW 79TH ST MIAMI, FL 33147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERNANDEZ, JUAN C 3305 NW 49TH STREET MIAMI, FL 33147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Carlos Pujol</i> <i>Carlos Pujol, Pres.</i> <i>4/13/06</i> <i>305-835-1900</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					