

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2008 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 #201  
HIALEAH, FL 33012 US



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1146213

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PUJOL, CARLOS  
3305 NW 79 ST  
MIAMI, FL 33147

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000943422  
05/29/08-80059-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PUJOL, CARLOS
STREET ADDRESS	3305 NW 79TH ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	V
NAME	HERNANDEZ, JUAN C
STREET ADDRESS	3305 NW 49TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Carlos Pujol*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08

Date

3058253537

O daytime Phone #