

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000126922

1. Entity Name

AMERIFIRST CONSTRUCTION SERVICES, INC.



FILED

Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90458 035 ***150.00

100000
1A

Principal Place of Business
5160 GARFIELD DRIVE
DELRAY BEACH FL 33484

Mailing Address
5160 GARFIELD DRIVE
DELRAY BEACH FL 33484

2. Principal Place of Business

5160 Garfield Rd.

Suite, Apt. #, etc.

3. Mailing Address

5160 Garfield Rd.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33484

Country

USA

City & State

Delray Beach, FL

Zip

33484

Country

USA

4. FEI Number

43-1985343

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLENDINING, MARY K
9070 KIMBERLY BLVD.
SUITE 57
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name Cynthia A. Perini
Street Address (P.O. Box Number is Not Acceptable)
5160 Garfield Rd.
City Delray Beach

FL Zip Code 33484

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 Cynthia A. Perini Cynthia A. Perini, President 4/15/03
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, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	President Cynthia A. Perini 5160 Garfield Rd. Delray Beach, FL 33484	<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
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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"/> 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:

Cynthia A. Perini Cynthia A. Perini 4/15/03 561-495-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)