

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000039468

FILED
Jul 13, 2009
Secretary of State**Entity Name:** AMERICAN FOUNDATION CORPORATION**Current Principal Place of Business:**8700 NW 93RD STREET
MEDLEY, FL 33178**New Principal Place of Business:****Current Mailing Address:**8700 NW 93RD STREET
MEDLEY, FL 33178**New Mailing Address:****FEI Number:** 30-0170297**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AGUILAR, MARINO E
5349 NW 198TH TERRACE
MIAMI, FL 33055 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: PD () Delete
Name: AGUILAR, MARINO E
Address: 5349 NW 198TH TERRACE
City-St-Zip: MIAMI, FL 33055

Title: VP () Delete
Name: LOPEZ, EDILIA
Address: 19640 NW 57 PLACE
City-St-Zip: MIAMI, FL 33015

Title: VP (X) Delete
Name: AGUILAR, EMILIO
Address: 8904 NW 172 TERRACE
City-St-Zip: MIAMI, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARINO E AGUILAR

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07/13/2009

Electronic Signature of Signing Officer or Director_____
Date