


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90170 015 ***150.00

DOCUMENT # P03000124557 1. Entity Name AMERICAN FILTER, CORPORATION					
Principal Place of Business 7225 NW 25 STREET #300 MIAMI, FL 33122			Mailing Address 7225 NW 25 STREET #300 MIAMI, FL 33122		
2. Principal Place of Business 7570 NW 14 STREET Suite, Apt. #, etc. #112			3. Mailing Address 7570 NW 14 S Suite, Apt. #, etc. #112		
City & State MIAMI			City & State MIAMI		
Zip FL		Country 33126		4. FEI Number 20-0405420	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRACASCIO, RAQUEL A.B. 7225 NW 25 STREET #300 MIAMI, FL 33122			7. Name and Address of New Registered Agent Name FRACASCIO, RAQUEL A.B. Street Address (P.O. Box Number is Not Acceptable) 7570 NW 14 STREET #112 City MIAMI		
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: <i>Raquel B. Fracascio</i> 04/06/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD FRACASCIO, RAQUEL A.B. <input type="checkbox"/> Delete 1102 NW 130 AVENUE PEMBROKE PINES, FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D FRACASCIO, RAQUEL A.B. <input type="checkbox"/> Change <input type="checkbox"/> Addition 1102 NW 130 AVENUE PEMBROKE PINES, FL 33028	
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	
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	
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: <i>Raquel B. Fracascio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/06/05 <small>Date Daytime Phone #</small>		

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