

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141331

FILED
Mar 21, 2006
Secretary of State

Entity Name: AMERI PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

1649 SW DAY STREET
PORT ST LUCIE, FL 34953

New Principal Place of Business:

498 NW BRADY CIRCLE
LAKE CITY, FL 32055

Current Mailing Address:

1649 SW DAY STREET
PORT ST LUCIE, FL 34953

New Mailing Address:

498 NW BRADY CIRCLE
LAKE CITY, FL 32055

FEI Number: 20-1734954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, MILTON
1649 SW DAY STREET
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

MORENO, MILTON
498 NW BRADY CIRCLE
LAKE CITY, FL 32055 US

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: MORENO MILTON

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMARFIL, JOSE E
Address: 160 SW 115 AVE
City-St-Zip: MIAMI, FL 33174

Title: VD () Delete
Name: MORENO, MILTON
Address: 1649 SW DAY STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TD () Delete
Name: SILVA, LUIS F
Address: 1571 HARBOUR SIDE DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MORENO, MILTON
Address: 498 NW BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32055

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS F SILVA

TD

03/21/2006

Electronic Signature of Signing Officer or Director

Date