

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141331

FILED
Jun 16, 2009
Secretary of State

Entity Name: AMERI PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328

New Mailing Address:

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
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORENO, MILTON
Address: 1571 HARBOUR SIDE DR
City-St-Zip: WESTON, FL 33326

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: () 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: MILTON MORENO

PD

06/16/2009

Electronic Signature of Signing Officer or Director

_____ Date