

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Page 182

FILED

06 NOV -9 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000081947	
1. Entity Name AMERICAN UNION FINANCIAL HOLDINGS, INC.	

Principal Place of Business 16700 N.E. 19TH AVENUE NORTH MIAMI BEACH MIAMI, FL 33162	Mailing Address 16700 N.E. 19TH AVENUE NORTH MIAMI BEACH MIAMI, FL 33162
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2. Principal Place of Business 1871 NE 167TH Street Suite, Apt. #, etc.	3. Mailing Address 1871 NE 167TH Street Suite, Apt. #, etc.
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City & State North Miami Beach FL	City & State North Miami Beach FL
Zip 33162	Zip 33162
Country DADE	Country DADE



07192006 Chg-P CR2E034 (11/05)

4. FEI Number 34-2050149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEAN-PHILIPPE, RAYMOND 16700 N.E. 19TH AVENUE NORTH MIAMI BEACH MIAMI, FL 33162	
7. Name and Address of New Registered Agent Name: JEAN-PHILIPPE RAYMOND Street Address (P.O. Box Number is Not Acceptable): 1871 NE 167TH Street City: North Miami Beach FL Zip Code: 33162	

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: *Raymond Jean-Philippe* RAYMOND JEAN-PHILIPPE President August 19, 2006
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAYMOND JEAN-PHILIPPE President & Chairman 1871 NE 167TH Street North Miami Beach FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081665012 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/09/06--01039--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTINA JEAN-PHILIPPE VICE President 1865 NE 167TH Street # D North Miami Beach FL 33162 <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	YANIQUE JEAN-PHILIPPE Exec Vice President 1865 NE 167TH Street # D North Miami Beach FL 33162 <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	RAYMOND JEAN-PHILIPPE JR CFO 1865 NE 167TH Street # D North Miami Beach FL 33162 <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	BIANCA JEAN-PHILIPPE Secretary 1865 NE 167TH Street # D North Miami Beach FL 33162 <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 exemptions contained 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 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: *Raymond Jean-Philippe* RAYMOND JEAN-PHILIPPE President (786) 444-6635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/19/2006 Daytime Phone #

2011/14

Page 2 of 2

DEAR EXAMINER

I Requested the annual report application.

I Received it on August 18, 2006.

ON August 19, 2006 I Sent it Back To the State, apparently it was Returned to 16700 N E 18 Ave North Miami Beach.

Please look at my record. Because I found out that it was returned again.

please help me Because these Corporations are Dissolved Because of non-payment.

It was not my fault I Did exactly what the State Required. I Filed Early.