

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90457 022 \*\*\*150.00



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P05000136341</b> 1. Entity Name <b>AMERICAN FUNDING COMPANY, INC.</b>																										
Principal Place of Business <b>9900 SW 40TH STREET MIAMI FL 33165</b>			Mailing Address <b>9900 SW 40TH STREET MIAMI FL 33165</b>																							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State			City & State																							
Zip		Country		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-4877815</div> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>																						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <div style="padding: 5px;"> <b>CRUZ, MERCEDES 9900 SW 40TH STREET MIAMI FL 33165</b> </div>																						
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>																						
<div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CRUZ, JULIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9900 SW 40TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33165</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	CRUZ, JULIO		STREET ADDRESS	9900 SW 40TH STREET		CITY-ST-ZIP	MIAMI FL 33165		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																								
NAME	CRUZ, JULIO																									
STREET ADDRESS	9900 SW 40TH STREET																									
CITY-ST-ZIP	MIAMI FL 33165																									
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
STREET ADDRESS																										
CITY-ST-ZIP																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other like empowered.																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> </div> <div style="width: 20%; text-align: center;"> <div style="font-size: 1.5em; font-weight: bold;">4/11/06</div> <div style="font-size: 0.8em;">Date</div> </div> <div style="width: 30%; text-align: center;"> <div style="font-size: 1.2em; font-weight: bold;">305 759-7000</div> <div style="font-size: 0.8em;">Daytime Phone #</div> </div> </div>																										

ATTACHMENT

66017155

# 005882136341



**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

## Federal Tax ID / EIN

This is your provisional Employer Identification Number:

**20-4877815**

Today's Date is: May 16, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)