

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000162646

FILED
Mar 21, 2007
Secretary of State

Entity Name: AMERICAN RESIDENTIAL FINANCIAL, SERVICES CORP.

Current Principal Place of Business:

8031 NW 20 CT
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

PO BOX 130125
SUNRISE, FL 33313

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEURY, ELSIE
8031 NW 20 CT
SUNRISE, FL 33322 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLEURY, ELSIE
Address: 8031 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

Title: S () Delete
Name: LORMEUS, JEANIDE
Address: 8031 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

Title: T () Delete
Name: FERGILE, GUERDA P
Address: 8031 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MARCELIN, GLADYS
Address: 8031 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

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

Title: S () Change (X) Addition
Name: JOSEPH, FENELON
Address: 8031 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

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: ELSIE FLEURY

D

03/21/2007

Electronic Signature of Signing Officer or Director

Date