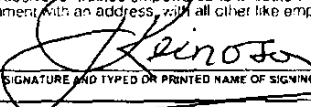


FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90108 046 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000164590			
1. Entity Name AMERIFUND SERVICES, INC.			
Principal Place of Business 13878 SW 64TH STREET MIAMI, FL 33183		Mailing Address 13878 SW 64TH STREET MIAMI, FL 33183	
2. Principal Place of Business - No P.O. Box # 16385 SW 48 TERRACE		3. Mailing Address 16385 SW 48 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33185		Zip 33185	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-4006489		Applied For No; Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, Name or Printed Name of Registered Agent and User of Application FEI # of Registered Agent (must be included on form) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD REINOSO, JOSE A 13878 SW 64TH STREET MIAMI, FL 33185		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP/SD ROJAS, NINFA 13878 SW 64TH STREET MIAMI, FL 33185		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not conflict 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, 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: X 		4/30/07 (305) 480-0330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Face	