

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001714

FILED
Mar 25, 2009
Secretary of State

Entity Name: AMERIHOMEREMODELING, INC.

Current Principal Place of Business:

6918 NW 177 ST
H 102
MIAMI, FL 33015 FL

New Principal Place of Business:

Current Mailing Address:

6918 NW 177 ST
H 102
MIAMI, FL 33015 FL

New Mailing Address:

FEI Number: 20-8162667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARICHAL, ALEXIS
6918 NW 177 ST
H 102
MIAMI FL, FL 33015 US

Name and Address of New Registered Agent:

MARICHAL, ALEXIS
6918 NW 177 ST
H 102
MIAMI, FL 33015 US

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: _____

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARICHAL, ALEXIS
Address: 6918 NW 177 ST
City-St-Zip: MIAMI, FL 33015 FL

Title: VP () Delete
Name: LUJAN, LIZEL
Address: 6918 NW 177 ST
City-St-Zip: MIAMI, FL 33015 FL

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: ALEXIS MARICHAL

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date