


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000036098 1. Entity Name AMERICAN FINANCIAL CAPITAL SERVICES, INC.	
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Principal Place of Business 2699 STIRLING RD B-303 FORT LAUDERDALE, FL 33312	Mailing Address 2699 STIRLING RD B-303 FORT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0746405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPLIANCE CONSULTING CORP OF FLORIDA
521 LAKE AVENUE
SUITE 4
LAKE WORTH, FL 33460

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11000000130062
04/26/04-80104-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ORENSTEIN, RICHARD 2699 STIRLING ROAD, STE B303 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOLARIK, CHARLES 2699 STIRLING ROAD, STE B303 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHN, AUDREY 2699 STIRLING ROAD, STE B303 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORENSTEIN, JANET 2699 STIRLING ROAD, STE B303 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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:  4/26/04 204 9815288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #