

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000036098

FILED
Apr 30, 2005
Secretary of State

Entity Name: AMERICAN FINANCIAL CAPITAL SERVICES, INC.

Current Principal Place of Business:

2699 STIRLING RD
B-303
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2699 STIRLING RD
B-303
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0746405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COMPLIANCE CONSULTING CORP OF FLORIDA
1013 LUCERNE AVENUE
SUITE 201
LAKE WORTH, FL 33460 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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KAHN, MORRIS
Address: 2699 STIRLING ROAD, STE B303
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete
Name: KAHN, AUDREY
Address: 2699 STIRLING ROAD, STE B303
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD () Delete
Name: KOLARICK, CHARLES
Address: 2699 STIRLING ROAD, STE B303
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: MORRIS KAHN

PSD

04/30/2005

Electronic Signature of Signing Officer or Director

Date