


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90031 050 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P97000036098</b>                                     |  |
| 1. Entity Name<br><b>AMERICAN FINANCIAL CAPITAL SERVICES, INC.</b> |   |

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| Principal Place of Business<br><b>2699 STIRLING RD<br/>B-303<br/>FORT LAUDERDALE, FL 33312</b> | Mailing Address<br><b>2699 STIRLING RD<br/>B-303<br/>FORT LAUDERDALE, FL 33312</b> |
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|---|---|
| 2. Principal Place of Business<br><b>1031 IVES DIARY RD<br/>SUITE, Apt. #, etc. <b>SUITE 228</b><br/>City &amp; State <b>MIAMI, FL</b><br/>Zip <b>33179</b></b> | 3. Mailing Address<br><b>1031 IVES DIARY RD<br/>SUITE, Apt. #, etc. <b>SUITE 228</b><br/>City &amp; State <b>MIAMI, FL</b><br/>Zip <b>33179</b></b> |
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01192006 Chg-P CR2E034 (11/05)

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

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>COMPLIANCE CONSULTING CORP OF FLORIDA<br/>1013 LUCERNE AVENUE<br/>SUITE 201<br/>LAKE WORTH, FL 33460</b> |  |
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|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>KAHN, MORRIS<br>2699 STIRLING ROAD, STE B303<br>FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1031 IVES DIARY RD- SUITE 228<br/>MIAMI, FL 33179</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>KAHN, AUDREY<br>2699 STIRLING ROAD, STE B303<br>FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1031 IVES DIARY RD- SUITE 228<br/>MIAMI, FL 33179</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>KOLARICK, CHARLES<br>2699 STIRLING ROAD, STE B303<br>FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1031 IVES DIARY RD- SUITE 228<br/>MIAMI, FL 33179</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify 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 or 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:** *Morris Kahan* **1/19/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #