2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000091895 \	
1. Entity Name	
ACQUISITION FINANCE & INVESTMENT COR	₹P.



Principal Place of Business

Mailing Address

6689 N.W. 70TH PLACE PARKLAND, FL 33067 6689 N.W. 70TH PLACE PARKLAND, FL 33067



05242006

No Chg-P

CRZE034 (11/05)

4. FEI Number 65-1001962 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIONDOLILLO, ANNMARIE 6689 N.W. 70TH PLACE PARKLAND, FL 33067

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				11/4	INIS SPACE
8. The above the obligat	a named entity submits this statement for the patients of registered agent.	bulpose of changing its registered	office ar	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if epolicable. (NOTE: Registered A	gent signatu	re required when reinstating)	DATE
	•	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	**		
TITLE NAME STREET ADDRESS CITY-ST-TIP	PD BIONDOLILLO, ANNMARIE 6689 N.W. 70TH PLACE PARKLAND, FL 33087				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000566314 05/39/96- 90004-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
THTLE HAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
THLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZP					
12. Thereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exem	ptions co	ntained in Chapter 11	9. Florida Statutes. I further certify that the information of as if made under path, that I am an efficiency display

12. Instably certify that the information supplied with this tiling 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Daytime Phone 6