

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90174 013 ***150.00

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DOCUMENT # P01000095917

1. Entity Name
ACTION MORTGAGE & INVESTMENT CORP.



Principal Place of Business
1025 S SEMORAN BLVD
SUITE 1093
WINTER PARK FL 32792

Mailing Address
1025 S SEMORAN BLVD
SUITE 1093
WINTER PARK FL 32792

2. Principal Place of Business
1276 N Semoran Blvd.

3. Mailing Address
1276 N. Semoran Blvd

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-3749041**

Applied For
Not Applicable

Zip Country
32807 Orange

Zip Country
32807 Orange

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANINO, CARMEN J
1110 MEADOW LAKE WAY. APT 212
WINTER SPRINGS FL 32708

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PT QUINONES, RAFAEL A	<input type="checkbox"/> Delete
STREET ADDRESS	5395 DOVER VILLAGE LANE #7	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	VS CANINO, CARMEN J	<input type="checkbox"/> Delete
STREET ADDRESS	10819 NORCROSS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Rafael Quinones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2003
Date

407-447-4240
Daytime Phone #

CR2E034 (10/02)