


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90175 035 \*\*\*150.00

**DOCUMENT # P02000097680**

1. Entity Name  
 1 FLORIDA MORTGAGE, INC.



Principal Place of Business  
 6175 N.W 167TH STREET  
 SUITE # G-8  
 MIAMI, FL 33015

Mailing Address  
 6175 NW 167 TE.  
 STE. G-8  
 MIAMI, FL 33015

40054166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
 P.O. Box # 171344

03102006 Chg-P CR2E034 (11/05)

City & State  
 City & State  
 HIALEAH, FL

4. FEI Number  
 13-4210342

Applied For  
 Not Applicable

Zip  
 Country  
 Zip  
 Country  
 33017 USA

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

6. Name and Address of Current Registered Agent

GONZALEZ, ENRIQUE H  
 6129 NW 176 TE  
 MIAMI, FL 33015

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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 STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, ENRIQUE H 6129 NW 176 TE. MIAMI, FL 33015	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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: E. Gonzalez DATE: 04-18-06 DAYTIME PHONE: 305-828-2755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR