

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90002 042 ***550.00

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1. Entity Name

DAVOS MORTGAGE BANKERS, INC.



Principal Place of Business

1001 BRICKELL BAY DR, STE #2104
MIAMI, FL 33131

Mailing Address

1001 BRICKELL BAY DR, STE #2104
MIAMI, FL 33131

44046359



03212003

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0481210

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, RAFAEL A
STREET ADDRESS	1001 BRICKELL BAY DR, STE #2104
CITY-STATE-ZIP	MIAMI, FL 33131
TITLE	D
NAME	Osio, David
STREET ADDRESS	1001 Brickell Bay Dr. Ste #2104
CITY-STATE-ZIP	Miami, FL 33131
TITLE	D
NAME	De Castro, Alvaro
STREET ADDRESS	1001 Brickell Bay Dr, Ste #2104
CITY-STATE-ZIP	Miami, FL 33131
TITLE	D
NAME	Boccardo, Miguel
STREET ADDRESS	1001 Brickell Bay Dr, Ste #2104
CITY-STATE-ZIP	Miami, FL 33131
TITLE	D
NAME	Sotillo, Andres
STREET ADDRESS	1001 Brickell Bay Dr, Ste #2104
CITY-STATE-ZIP	Miami, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/04 (305) 371-6887

Date

Daytime Phone #