

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


2/1

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90022 024 \*\*\*150.00

**DOCUMENT # P04000074111**

1. Entity Name  
**A-Z HOME LOANS, INC**



Principal Place of Business      Mailing Address  
**8554 NW 165TH TERR**      **8554 NW 165TH TERR**  
**MIAMI, FL 33016**      **MIAMI, FL 33016**

**66006146**



2. Principal Place of Business      3. Mailing Address  
**3185 W. 76 ST.**      **3185 W. 76 ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#3**      **#3**

01272005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**HiALEAH FL**      **HiALEAH FL**  
 Zip      Country      Zip      Country  
**33018**      **U.S.A**      **33018**      **U.S.A**

4. FEI Number      Applied For  
**20-1093672**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**DE LA TORRE, MERCEDES**  
**14188 NW 88PL**  
**MIAMI, FL 33018**

7. Name and Address of Now Registered Agent  
 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 *Mercedes N. de la Torre*      **MERCEDES N. DE LA TORRE**      1/28/05  
(Signature, typed or printed name of registered agent and date if applicable)      (NOTE: Registered Agent signature required when changing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P.	<input type="checkbox"/> Delete
NAME	<b>DIEGO, MARTA I</b>	
STREET ADDRESS	<b>8554 NW 165TH TERR</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33016</b>	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	<b>DIEGO, MARTA I</b>	
STREET ADDRESS	<b>8554 NW 165TH TERR</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33016</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>DE LA TORRE, MERCEDES</b>	
STREET ADDRESS	<b>14188 NW 88PL</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33018</b>	
TITLE	SECR	<input checked="" type="checkbox"/> Delete
NAME	<b>DE LA TORRE, MERCEDES</b>	
STREET ADDRESS	<b>14188 NW 88PL</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33018</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LA TORRE, MERCEDES N.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LA TORRE, MERCEDES N.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 filers empowered.

SIGNATURE: *[Signature]*      3/10/05  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR      DATE      Date of Filing