2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000097824

1. Entity Name
DAVOS MORTGAGE BANKERS, INC.

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DR, STE #3104 MIAMI, FL 33131	1001 BRICKELL BAY DR, STE #3104 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

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

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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, 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
NAME	MARTIN, RAFAEL A
STREET ADDRESS	1001 BRICKELL BAY DR, STE #3104
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	OSIO, DAVID
STREET ADDRESS	1001 BRICKELL BAY DR, STE #3104
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	DE CASTRO, ALVARO
STREET ADDRESS	1001 BRICKELL BAY DR, STE #3104
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	BOCCARDO, MIGUEL
STREET ADDRESS	1001 BRICKELL BAY DR, STE #3104
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	SOTILLO, ANDRES
STREET ADDRESS	1001 BRICKELL BAY DR, STE #3104
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80036-014 150.00

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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: _____ 01/24/2005 (305)371-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #