



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000026622 1. Entity Name CITY FINANCE MORTGAGE CORP.					
Principal Place of Business 4790 NW 7 ST #209 MIAMI, FL 33125				Mailing Address 4790 NW 7 ST #209 MIAMI, FL 33125	
2. Principal Place of Business 3829 SW 8 St Suite, Apt. #, etc.		3. Mailing Address 3829 SW 8 St Suite, Apt. #, etc.			
City & State miami FL Zip 33134		City & State miami FL Zip 33134		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALAMITA, BEATRIZ 7870 W FLAGLER ST MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Sandra Estrada Street Address (P.O. Box Number is Not Acceptable) 3829 SW 8 St City miami FL Zip Code 33134	
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: <u><i>Sandra Estrada</i></u> DATE: <u>Oct 16, 06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINARES, JOSE 4790 NW 7 ST #209 MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080957844 10/18/06--01034--021 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD INFANTE, IDALBERTO 4790 NW 7 ST #209 MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMPANIONI, ALBERTO 4790 NW 7 ST #209 MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sandra Estrada 3829 SW 8 St miami FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BS 10/24</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BS 10/24</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Sandra Estrada</i></u> DATE: <u>Oct 16, 06</u> 786-515-7188 <small>(Signature and typed or printed name of signing officer or director)</small>					