

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 287689
1. Entity Name
J.I. KISLAK MORTGAGE SERVICE CORPORATION



Principal Place of Business
**7900 MIAMI LAKES DR. W.
MIAMI LAKES, FL 33016**

Mailing Address
**7900 MIAMI LAKES DR. W.
MIAMI LAKES, FL 33016**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1083439

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, CHRISTY
7900 MIAMI LAKES DR. W.
MIAMI LAKES, FL 33016**

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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 _____ 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

TITLE	VP
NAME	BRAUN, STEPHEN
STREET ADDRESS	7900 MIAMI LAKES DR WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	CD
NAME	KISLAK, JAY I
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	DPT
NAME	BARTELMO, THOMAS
STREET ADDRESS	7900 MIAMI LAKES DR WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	VP
NAME	LUBOW, CHERYL
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	VPS
NAME	RODRIGUEZ, CHRISTY
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/11/06-80109-020 150.00

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: Christy Rodriguez VP Date: 4/25/2006 Daytime Phone #: 305-364-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christy Rodriguez