

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004204

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: ALL AMERICAN HOME MORTGAGE CORP.

## Current Principal Place of Business:

333 EARL OVINGTON BLVD.  
SUITE 102  
UNIONDALE, NY 11553

## New Principal Place of Business:

333 EARLE OVINGTON BLVD.  
SUITE 102  
UNIONDALE, NY 11553

## Current Mailing Address:

333 EARL OVINGTON BLVD.  
SUITE 102  
UNIONDALE, NY 11553

## New Mailing Address:

333 EARLE OVINGTON BLVD.  
SUITE 102  
UNIONDALE, NY 11553

FEI Number: 11-3017854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FLORI  
521 LAKE AVENUE  
STE 4  
LAKE WORTH, FL 33460 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: CEFALU, SALVATORE J  
Address: 333 EARL OVINGTON BLVD.  
City-St-Zip: UNIONDALE, NY 11553

Title: VD ( ) Delete  
Name: CEFALU, ROSALIE M  
Address: 1001 60TH STREET  
City-St-Zip: BROOKLYN, NY 11219

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition  
Name: CEFALU, SALVATORE J  
Address: 333 EARLE OVINGTON BLVD.  
City-St-Zip: UNIONDALE, NY 11553

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE J. CEFALU

PC

01/20/2005

Electronic Signature of Signing Officer or Director

Date