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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GIBRALTER FI.  (Name of corporation -	NANCTAL + REAL must include suffix)	ESTATE SERV	10:
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence", and check are submitted to registransact business in Florida.			
Please return all correspondence concerning this matter to  Gioupuni Dimaure  (Name of Pe	rson)	AHAUSET A	·
GIBVAITEN FINANCIAL (Firm/Comp	" & REAL EST	AZE SERVICES	
(Firm/Comp  2006 S. E. 287  (Address  CAPC COCH  (City/State and)  For further information concerning this matter, please call:	757 ) FL. 3390 Zip code)	34/	<del></del>
(Name of Person)  (Name of Person)  (Name of Person)  (Area Cod		rg 3z3-/33/ er)	• •.
Registration Section R Division of Corporations D 409 E. Gaines St. P	egistration Section livision of Corporations O. Box 6327 allahassee, FL 32314		
Enclosed is a check for the following amount:			
	ertified Copy Cert	50 Filing Fee, dificate of Status & dified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

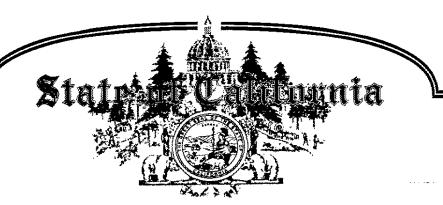
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CALL+OVNIA (State or country under the law of which it is incorporated)  3. 77 05 78/93 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, it applicable)
4. MAY 16, 2001 5. PerPetual (Duration: Year corp. will cease to exist or "perpetual")
6. UPON GUNIFICATION  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")
(ODE OF OTTOXIC (AT 1501 1017 155 P.C.)
7. 2006 St. 287 (APE COVAE FE. 3590) (Principal office address)
(Principal office address)
2006 S.E. 28Th ST CAPE CORE FL. 33904 (Current mailing address)
(Current mailing address)
must be a first to the second of the second
8. Mortcage Loun Brokering  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: GIOVANN' DIMOURE
Office Address: 2006 5.F. 28 TK 57
CARE COVA , Florida 33904 (Zip code)
(Eny) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
The state of the s
(Registered agent's signature)
(velimered aleur a aikumure)

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	
Chairman:	
Address:	in a second seco
Vice Chairman:	The second secon
Address:	The same of the sa
Director:	
Address:	
Director:	
Address:	
	and the same of th
B. OFFICERS	
President: 610 Vanni DiMauro	
Address: 2006 SE, 287h ST	A4. 3
CAPE CORAL FL. 33904	
Vice President:	
Address:	0, 0,
	5 3
Secretary:	The state of the s
Address:	THE RESERVE OF THE PROPERTY OF
Treasurer:	The second secon
Address:	Andrew William Communication of the Communication o
	CONTRACTOR
NOTE: If necessary, you may attach an addendum to the application listing additions	al officers and/or directors.
13. Comm Mans.	t
(Signature of Director or Officer listed in number 12 of the application	n)
14. (210 UQMM) MAUNTO (Typed or printed name and capacity of person signing applic	cation)



#### SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 16th day of May 200 1,

#### GIBRALTER FINANCIAL & REAL ESTATE SERVICES

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger of consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 3 1 2003

KEVIN SHELLEY Secretary of State