

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2

FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90371 020 ***150.00

DOCUMENT # F24387 1. Entity Name FIRST FLORIDA FUNDING CORP.	
---	---

Principal Place of Business
7900 NW 155 ST
105
MIAMI LAKES, FL 33016

Mailing Address
7900 NW 155 ST
105
MIAMI LAKES, FL 33016

66016543



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2083047	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

ANDRULONIS, JOSEPH
7900 NW 155 ST SUITE 105
MIAMI LAKES, FL 33016

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P
NAME	ANDRULONIS, JOSEPH
STREET ADDRESS	7900 NW 155 ST SUITE 105
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	ST
NAME	ANDRULONIS, CHRISTINA
STREET ADDRESS	7900 NW 155 ST SUITE 105
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Christina Andrulonis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

305556 0402 x734