

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 040 ***150.00

DOCUMENT # G30587

1. Entity Name
1ST AMERICAN MORTGAGE AND INVESTMENTS CORP.



Principal Place of Business
~~6771 CORAL WAY~~ **1301 Lisbon St.**
~~#20 Coral Gables, FL.~~
~~MIAMI, FL 33135-7066~~ **US 33134-2223**

Mailing Address
~~6771 CORAL WAY~~ **P.O. Box 141367**
~~#20 Coral Gables, FL.~~
~~MIAMI, FL 33135-7066~~ **US 33114-1367**

50011885



01182006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2287633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, CONSUELO C
9415 SUNSET DR STE 200
MIAMI, FL 33173

**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 title 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	PEREZ, EDDY J.
STREET ADDRESS	1301 LISBON ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	ST
NAME	PEREZ, MARIA M.
STREET ADDRESS	1301 LISBON ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/30/06** (305) 265-2224 and 305-444-6265 Daytime Phone #