

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35560

FILED
Mar 18, 2005
Secretary of State

Entity Name: CONTINENTAL TRUST MORTGAGE CORPORATION

Current Principal Place of Business:

5835 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5835 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-2478247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMAS, ALEJANDRA
5835 BLUE LAGOON DRIVE
100
MIAMI, FL 33126 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: P () Delete
Name: LAMAS, ALEJANDRA
Address: 5835 BLUE LAGOON DRIVE # 100
City-St-Zip: MIAMI, FL 33126

Title: VP () Delete
Name: BRIMO, VICTORIA
Address: 5835 BLUE LAGOON DRIVE # 100
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: LAMAS DE SHOJAE, MARIA
Address: 7111 LAGO DRIVE EAST
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FLINN, DAVID
Address: 2333 BRICKELL AVE., #907
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALEJANDRA LAMAS

P

03/18/2005

Electronic Signature of Signing Officer or Director

Date