

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90057 047 ***150.00

DOCUMENT # K87623

1. Entity Name
SOUTHERN MORTGAGE FUNDING CORPORATION



Principal Place of Business
**2302 NW 66TH DRIVE
BOCA RATON, FL 33496 US**

Mailing Address
**3200 N. MILITARY TRAIL
201
BOCA RATON, FL 33431 US**

40043410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

950 Peninsula Corp. Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2000

02262007

Chg-P

CR2E034 (12/06)

City & State

City & State

Boca Raton FL

4. FEI Number

65-0204542

Applied For

Not Applicable

Zip

Country

Zip

33487

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOENFIELD, DAVID
2302 NW 66TH DRIVE
BOCA RATON, FL 33496**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SCHOENFIELD, DAVID
551 NW 77 ST #207
BOCA RATON, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
SCHOENFIELD, DEBORAH ANN
551 NW 77 ST #207
BOCA RATON, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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 of a person like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/07