


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K97626</b> 1. Entity Name <b>FUND AMERICA MORTGAGE CORP.</b>	
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Principal Place of Business <b>175 FONTAINEBLEAU BLVD SUITE 21-6 MIAMI, FL 33172</b>	Mailing Address <b>175 FONTAINEBLEAU BLVD SUITE 21-6 MIAMI, FL 33172</b>
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**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0128713</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VIDAL, RAFAEL  
6775 SW 158 AVE.  
MIAMI, FL 331963**

**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 fee if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VIDAL, RAFAEL 6775 SW 158 AVE. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIDAL, ELIZABETH, 8635 NW 8 ST #203 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/19/05-80017-003 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** RAFAEL VIDAL 3/17/05 305-380-6125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day or Phone #