


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # M33538 1. Entity Name INTEGRITY MORTGAGE CORP. |  |
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| Principal Place of Business 782 NW 42 AVE. 428-A MIAMI, FL 33126-5536 US | Mailing Address 782 NW 42 AVE 428-A MIAMI, FL 33126-5536 US |
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2682641 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CARRILLO, PEDRO L. 782 NW 42ND AVE MIAMI, FL 33126 | DO NOT WRITE IN THIS SPACE |
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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

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000705987 04/24/07-80016-016 150.00 |
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| 10. OFFICERS AND DIRECTORS. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARRILLO, PEDRO L. 782 N.W. 42 AVE., #428-A MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CARRILLO, PEDRO L. JR 520 PINECREST DRIVE MIAMI SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CARRILLO, MARIA E. 520 PINECREST DRIVE MIAMI SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CARRILLO, ALBERT A. 520 PINECREST DRIVE MIAMI SPRINGS, FL |
| 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/12/07 305-447-1441
Date Daytime Phone #