


**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

*1/2*

06 AUG 11 PM 3:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # M 46705  
 1. Entity Name  
Commonwealth Mortgage Corporation  
 International Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1925 NE 45<sup>th</sup> Street  
 Suite, Apt. #, etc.  
234  
 City & State  
Ft Lauderdale FL  
 Zip  
33308 Country  
USA

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**REINSTATEMENT**  
 65-004461

Applied For  
 Not Applicable  
 Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name Alan G.S. Voce  
 Street Address (P.O. Box Number is Not Acceptable)  
1925 NE 45<sup>th</sup> Street  
STE # 234  
 City Ft Lauderdale FL Zip Code 33308

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.  
 4000 785 34484  
 08/11/06--01053--001 \*\*\$15.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) (WS)  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Alan V.S. Voce 1925 NE 45 <sup>th</sup> St #234 Ft Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Alan V.S. Voce 1925 NE 45 <sup>th</sup> St #234 Ft Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr Vice-President Peggy T. Voce 1925 NE 45 <sup>th</sup> Street #234 Ft. Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Francis A. Tulloch 1925 NE 45 <sup>th</sup> Street #234 Ft. Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Destyn D. White 1925 NE 45 <sup>th</sup> Street #234 Ft Lauderdale FL 33308
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 exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of information 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 on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_  
 SIGNATURE AND PRINTED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR  
 Date Aug. 8, 2006 954-566-2707



**COMMONWEALTH MORTGAGE CORPORATION INTERNATIONAL**

2/c

*Telephone:*  
*Off: (954) 566-2707 or 2708*  
*Fax: (954) 358-2723*  
*E-mail: dravoce@fdn.com*

*Mailing Address:*  
*1925 NE 45<sup>th</sup> Street Ste. 234*  
*Ft. Lauderdale, FL 33308*

August 10, 2006

TO WHOM IT MAY CONCERN:

Dear Sir/Madam:

Let the record reflect, firstly that I deeply regret that due to health/medical problems my business suffered a high degree of inactivity or minimal annual business which brought about financial hardship for the years 2005 and greater part of 2006. I will further be grateful and regret the check that was tendered for the payment of Fee to the state be forgiven due to these uncontrollable situations.

Sincerely yours,

Dr. Allan G.S. Voce