

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

**DOCUMENT # P00000005595**

1. Entity Name  
**CRB MORTGAGE CORP.**



01-18-2006 90038 001 \*\*\*150.00  
01-18-2006 90038 002 \*\*\*\*\*8.75

Principal Place of Business  
**11755 SW 90 ST  
STE 210  
MIAMI, FL 33186**

Mailing Address  
**11755 SW 90 ST  
STE 210  
MIAMI, FL 33186**

**66000124**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State  
Zip Country

4. FEI Number  
**65-0982350**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ARNAIZ, MIREN  
11755 SW 90 ST #210  
MIAMI, FL 33186**

**7. Name and Address of New Registered Agent**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS E	
STREET ADDRESS	11755 SW 90 ST SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAUL A	
STREET ADDRESS	11755 SW 90 ST SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ, EMILIO F	
STREET ADDRESS	11755 SW 90 ST SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINEZ, FERNANDO	
STREET ADDRESS	11755 SW 90 ST SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARIA L	
STREET ADDRESS	11755 SW 90 ST SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ARNAIZ, MIREN	
STREET ADDRESS	11755 SW 90 ST SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanchez, Rene	
STREET ADDRESS	11755 SW 90 ST, # 210	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

1/12/06