2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015395

Entity Name: CITY MORTGAGE TRUST COMPANY

FILED Apr 22, 2011 Secretary of State

Current Mailing Address: PO BOX 934875 MARGATE, FL 33093 FEI Number: 65-0982157 FEI Number Applied For () Name and Address of Current Registered Agent: QUINONES, REBECCA 10100 W SAMPLE RD, UNIT 401 CORAL SPRINGS, FL 33065 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.	Current Principal Place of Business:	New Principal Place of Bu	New Principal Place of Business:	
PO BOX 934875 MARGATE, FL 33093 FEI Number: 65-0982157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: QUINONES, REBECCA 10100 W SAMPLE RD, UNIT 401	10100 W SAMPLE RD, #401 CORAL SPRINGS, FL 33065			
MARGATE, FL 33093 FEI Number: 65-0982157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUINONES, REBECCA 10100 W SAMPLE RD, UNIT 401 CORAL SPRINGS, FL 33065 US 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.	Current Mailing Address:	New Mailing Address:		
Name and Address of Current Registered Agent: QUINONES, REBECCA 10100 W SAMPLE RD, UNIT 401 CORAL SPRINGS, FL 33065 US 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.				
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10100 W SAMPLE RD, UNIT 401 CORAL SPRINGS, FL 33065 US 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.	Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
in the State of Florida.	10100 W SAMPLE RD, UNIT 401			
SIGNATURE:		rpose of changing its registered offic	ce or registered agent, or both,	
	SIGNATURE:			
Electronic Signature of Registered Agent Date	Electronic Signature of Registered Agen	t	Date	

Title:

QUINONES, REBECCA Name: PO BOX 934875 Address: City-St-Zip: MARGATE, FL 33093

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA QUINONES Ρ 04/22/2011