

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028608

Entity Name: FL HOME LOANS, INC.

FILED  
Mar 06, 2008  
Secretary of State

## Current Principal Place of Business:

2655 LEJEUNE ROAD  
SUITE 521  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

PO BOX 143096  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

814 PONCE DE LEON BLVD,  
SUITE 503  
CORAL GABLES, FL 33134 US

## New Mailing Address:

814 PONCE DE LEON BLVD,  
SUITE 503  
CORAL GABLES, FL 33134 US

FEI Number: 65-0998076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREIXA, DALIS  
922 OBISPO AVE.  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GAMEZ, MARISELA  
814 PONCE DE LEON BLVD.  
503  
CORAL GABLES, FL 33134 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.

SIGNATURE: MARISELA GAMEZ

03/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P (X) Delete  
Name: FREIXA, DALIS  
Address: 922 OBISPO AVE.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TR ( ) Delete  
Name: FREIXA, ALBERTO A  
Address: 922 OBISPO AVE.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S ( ) Delete  
Name: GAMEZ, MARISELA  
Address: 920 VENETIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FREIXA, ALBERTO A  
Address: 922 OBISPO AVE.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARISELA GAMEZ

S

03/06/2008

Electronic Signature of Signing Officer or Director

Date