

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000071066**

1. Entity Name

REPUBLIC SECURITY MORTGAGE, INC.



Principal Place of Business

7515 W OAKLAND PARK BLVD SUITE 100  
FT LAUDERDALE, FL 33319

Mailing Address

7515 W OAKLAND PARK BLVD SUITE 100  
FT LAUDERDALE, FL 33319



01042006

No Chg-P

CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1017192

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

5. Name and Address of Current Registered Agent

SOULE, JAMES L  
7515 W OAKLAND PARK BLVD SUITE 100  
FT LAUDERDALE, FL 33319

**DO NOT WRITE  
IN THIS SPACE**

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
NAME	LEAL, ELIANA
STREET ADDRESS	7515 W OAKLAND PK BLVD STE 100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	D
NAME	LEAL, ELIDA L
STREET ADDRESS	7515 W OAKLAND PK BLVD STE 100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000195609  
04/21/06-80017-009 150.00

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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

4/4/06 (954)634-1636  
Date Daytime Phone #