2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088470

Title:

Name:

Address:

City-St-Zip:

Entity Name: C & R INTERNATIONAL MORTGAGE, CORP.

FILED Mar 06, 2006 Secretary of State

| , | | TERRITORIA ENGINE ON COE, | COTA . | | |
|--|-------------------------------|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
| | 160TH AVE, # (ES, FL 33014 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | 60TH AVE, # (ES, FL 33014 | | | | |
| FEI Number: | : 65-1095081 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| CHEVALIER, NELFA 2535 WEST 70 PLACE HIALEAH, FL 33016 US | | | CHEVALIER, NELFA 9600 SW 9 COURT PEMBROKE PINES | | |
| | named entity of Florida | submits this statement for the | ourpose of changing its register | red office or registered agent, or both, | |
| SIGNATURE: | | | | 03/06/2006 | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHAN | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CHEVALIER, N 9600 SW 9 CC | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CHEVALIER, A 9600 SW 9 CC | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CHEVALIER, F 9600 SW 9 CC | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NELFA CHEVALIER PRES 03/06/2006

() Delete

PEMBROKE PINES, FL 33025

CHEVALIER, NELPHA

9600 SW 9 COURT

() Change () Addition