

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088470

FILED
Apr 28, 2007
Secretary of State

Entity Name: C & R INTERNATIONAL MORTGAGE, CORP.

Current Principal Place of Business:

15321 NW 60TH AVE, #100
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15321 NW 60TH AVE, #100
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-1095081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEVALIER, NELFA
9600 SW 9 COURT
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHEVALIER, NELFA
Address: 9600 SW 9 COURT
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete
Name: CHEVALIER, ALBERTO
Address: 9600 SW 9 COURT
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD () Delete
Name: CHEVALIER, RICARDO
Address: 9600 SW 9 COURT
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SD () Delete
Name: CHEVALIER, NELPHA
Address: 9600 SW 9 COURT
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NELFA CHEVALIER

PD

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date