


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**— Jan 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000107040 1. Entity Name HOME ACCESS MORTGAGE LOANS, INC.	
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Principal Place of Business 3187 N. STATE RD. 7 POMPAÑO BEACH, FL 33063	Mailing Address 3187 N. STATE RD. 7 POMPAÑO BEACH, FL 33063
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1038168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, REBECA
2168 ALWORTH TERR
WELLINGTON, FL 33414

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, REBECA 2168 ALWORTH TERR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, JACOBO 2168 ALWORTH TERR WELLINGTON, FL 33414
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1000000179295
01/13/05-80012-016 150.00

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rebeca Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/13/05
Daytime Phone #

Rebeca Gonzalez - President