

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000092971

FILED
May 14, 2007
Secretary of State**Entity Name:** IDEAL FLORIDA MORTGAGE, CORP.**Current Principal Place of Business:**2000 NW 89TH PLACE
SUITE 135
DORAL, FL 33172**New Principal Place of Business:**2000 NW 89TH PLACE
SUITE # 135
DORAL, FL 33172**Current Mailing Address:**2000 NW 89TH PLACE
SUITE 135
DORAL, FL 33172**New Mailing Address:**2000 NW 89TH PLACE
SUITE #135
DORAL, FL 33172**FEI Number:** 65-1139724**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MERINO, MICHAEL A
2000 N.W. 89TH. PLACE
SUITE # 135
DORAL, FL 33172 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**OFFICERS AND DIRECTORS:**

Title: T () Delete
Name: MERINO, MICHAEL A
Address: 2000 N.W. 89TH. PLACE SUITE # 135
City-St-Zip: DORAL, FL 33172 US

Title: VP (X) Delete
Name: MERINO, CRISTINA
Address: 2000 N.W. 89TH. PLACE SUITE # 135
City-St-Zip: DORAL, FL 33172 US

Title: P (X) Delete
Name: ZAPATA, CARMEN
Address: 2000 N.W. 89TH. PLACE SUITE # 135
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MERINO, MICHAEL A PRES
Address: 2000 N.W. 89TH. PLACE SUITE # 135
City-St-Zip: DORAL, FL 33172 US

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: MICHAEL A. MERINO

PRES

05/14/2007

Electronic Signature of Signing Officer or Director_____
Date