APR-23-2006 23:23 FROM:MARTINEZ&PERDOMO 13052627851

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Secretary of State
05-08-2006 90279 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000099906

1. Entity Name
AMERICAN MORTGAGE LENDING CORP.

4UU0b5JJ

Principal Place of Business	Mailing Address
~~6961 TAFT ST.~~ ~~HOLLYWOOD, FL 33024~~	~~6961 TAFT ST.~~ ~~HOLLYWOOD, FL 33024~~

2. Principal Place of Business		3. Mailing Address	
10899 Sunset Dr		10899 Sunset Dr	
Suite, Apt #, etc: Suite 202		Suite, Apt #, etc: Suite 202	
City & State: Miami - Florida		City & State: Miami - Florida	
Zip: 33173	Country: USA	Zip: 33173	Country: USA

04242006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-1147655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVARDO, ARMANDO F
6961 TAFT ST
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name: Armando F Alvarado
Street Address (P.O. Box Number is Not Acceptable): 10899 Sunset Dr Suite 202
City: Miami FL Zip Code: 33173

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ALVARDO, ARMANDO F 2210 S.W. 89TH COURT MIAMI, FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCO, GLADYS D 6438 S W. 39TH ST. MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #