## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000074824

Address:

City-St-Zip:

Entity Name: FLORIDA HOME TRUST MORTGAGE, INC.

FILED May 22, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 105	150TH AVENU S KE PINES, FL						
Current Mailing Address:				New Mailing Address:			
SUITE 105	150TH AVENU 5 KE PINES, FL						
FEI Number:	: 27-0022323	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate	of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CARBONELL, JULIO 13420 NW 6 DR PLANTATION, FL 33325 US				CARBONELL, JULIO 11710 ROYAL PALM BLVD. SUITE 1 WESTON, FL 33326 US			
	named entity see of Florida.	submits this statement for the	purpose o	f changing it	s registered	office or regi	istered agent, or both,
SIGNATURE: JULIO CARBONELL				05/22/2009			
	Electron	ic Signature of Registered Ag	gent			Da	ite
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	not receive t	he prior notice	е.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () CARBONELL, J 13420 NW 6 DF PLANTATION, F	र		Title: Name: Address: City-St-Zip:	P (X PAN, CARLOS 3610 PARK CO WESTON, FL	DURT	Addition
Title: Name: Address: City-St-Zip:	D () PAN, CARLOS 1580 BLUEJAY WESTON, FL 3			Title: Name: Address: City-St-Zip:	D (X OCTAVIO, MAI 1139 CHENILL WESTON, FL	E CIRCLE	Addition
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	D ( VELUTINI, BER 8301 SW 139 MIAMI, FL 33	TERRACE	Addition
Title: Name:	( )	Delete		Title: Name:	D ( CARBONELL.	) Change (X). JULIO	Addition

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.

Address:

City-St-Zip:

2808 NE 30TH STREET

FORT LAUDERDALE, FL 33306

SIGNATURE: CARLOS PAN Ρ 05/22/2009