

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075098

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: ALL MORTGAGE SOLUTIONS, CORP.

## Current Principal Place of Business:

8900 SW 117TH AVE  
C-207  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

8900 SW 117TH AVE  
C-207  
MIAMI, FL 33186

## New Mailing Address:

15765 SW 46 TERRACE  
MIAMI, FL 33185

FEI Number: 03-0471250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JIMENEZ, ELSA  
15765 SW 46 TERR  
MIAMI, FL 33185 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JIMENEZ, ELSA  
Address: 15765 SW 46 TERR  
City-St-Zip: MIAMI, FL 33185

Title: VP (X) Delete  
Name: JIMENEZ, LAYSA G  
Address: 15765 SW 46 TERR  
City-St-Zip: MIAMI, FL 33185

Title: T (X) Delete  
Name: JIMENEZ, LANAY G  
Address: 15765 SW 46 TERR  
City-St-Zip: MIAMI, FL 33185

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELSA JIMENEZ

P

07/11/2005

Electronic Signature of Signing Officer or Director

Date