


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90135 034 ***150.00

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DOCUMENT # P02000075098			
1. Entity Name ALL MORTGAGE SOLUTIONS, CORP.			
Principal Place of Business 6148 SW 133 PL MIAMI FL 33183		Mailing Address 6148 SW 133 PL MIAMI FL 33183	
2. Principal Place of Business 8900 SW 117th Ave. Suite, Apt. #, etc. C-207 City & State MIAMI FL Zip 33186 Country US		3. Mailing Address 8900 SW 117th Ave. Suite, Apt. #, etc. Suite C-207 City & State MIAMI FL Zip FL Country US	
4. FEI Number 03-0471250		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JIMENEZ, ELSA 6148 SW 133 PL MIAMI FL 33183		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Elsa Jimenez</i> PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP JIMENEZ, ELSA 6148 SW 133 PL MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President LAYSA B. JIMENEZ 6148 SW 133 PL MIAMI FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LAYSA B. JIMENEZ 6148 SW 133 PL MIAMI FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CR2E034 (10/02)

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: *Elsa Jimenez* 2-25-03 305-279-7679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #