2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
04-04-2005 90078 046 ***158.75

DOCUMENT # P02000096986

1. Entity Name
FLORIDA FORECLOSURE & INVESTMENT CORP

Principal Place of Business	Mailing Address
8700 W. FLAGLER ST., SUITE 165 MIAMI, FL 33174	8700 W. FLAGLER ST., SUITE 165 MIAMI, FL 33174

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302005 Chg-P CR2E034 (10/03)

4. FEI Number: 14-1845532 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CECCHINI, ANTONIO G
8700 W. FLAGLER ST., SUITE 165
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name: ANTHONY R. CECCHINI TRUSTEE
Street Address (P.O. Box Number is Not Acceptable): 8700 W FLAGLER ST SUITE 165
City: MIAMI, FL Zip Code: 33174

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: [signature] ANTHONY R. CECCHINI 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	D CECCHINI, ANTONIO G 5284 SW 69 PLACE MIAMI, FL 33155	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANTHONY R. CECCHINI TRUSTEE 5284 S.W. 69 Pl. MIAMI, Fl 33165	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARCAS, CARLOS M 7826 W 34 COURT HIALEAH, FL 33018	☑ 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
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

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: [signature] ANTHONY R. CECCHINI TRUSTEE 3/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #