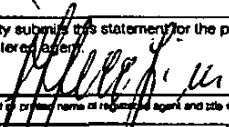
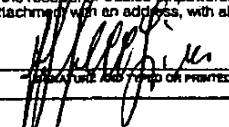


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 8700 W. FLAGLER ST., SUITE 165 MIAMI, FL 33174			Mailing Address 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	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  ANTHONY R. CECCHINI DATE 4/27/05 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, 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	D ANTHONY R. CECCHINI TRUSTEE 5284 S.W. 69 PL. MIAMI, FL 33155 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARCAS, CARLOS M 7826 W 34 COURT HALEAH, FL 33018 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  ANTHONY R. CECCHINI TRUSTEE DATE 3/31/05 Signature, typed or printed name of signing officer or director					