1 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 8:00 am Secretary of State

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DOCUMENT # P02000125410 1. Entity Name					03-02-2006 9	0011 050	***150.0	00	
	ORTGAGE & INVESTMENT	CORP.							
570 W. 43 F	ce of Business FL	Mailing Address 1570 WEST 43RD PL. #	÷ 13	· ·	loon.				
A 14 HIALEAH, FU	L 33012	HIALEAH, FL 33012							
123		3. Mailing Address	0 60 A	<u> </u>					
Suite, Apt	<u>) (ජු</u>	Suite, Apt. #, etc.	100B	02272006	Chg-P	CR2E03	34 (11/05)		
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7-7	3304 3	33014	Country DE		of Status Desired		8.75 Add		
Name and Address of Current Registered Agent			Name	7. Name and	Address of New	Registered A	gent		
CHIRINO, MAYRA 1570 WEST 43RD PL. # 13 HIALEAH, FL. 33012			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	1.84 j						T		
8. The above named entity submits this statement for the purpose of changing its registered office or r				intered amont or be	the in the State of F	FL	Zip Cod		
		The brithose of cusualing its is	egistered office of regi	listered agent, or bo	in, in the State of F	iorioa. Tam ia	imiliai with,	and accept	
	tions of registered agent	CORDA							
SIGNATURE.		d title II applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)		DATE			
SIGNATURE		9, Election Campaign	n Financing	quired when reinstating) \$5.00 May Be Added to Fees		DATE			
SIGNATURE	Signature, typed or prior and of Egistered squal and	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OF		DIRECTOR	5 IN 11	
SIGNATURE. FIL After M 10. IITLE	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib	n Financing pution	\$5.00 May Be Added to Fees	CHANGES TO OF	FICERS AND I	DIRECTOR: ☐ Change	S IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trustep empewered. If exercise the 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 place like empowered.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/36/06 (305) SSG-0009