
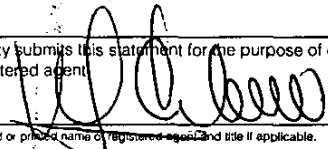
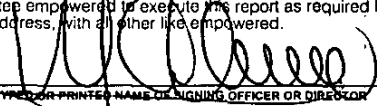


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-02-2006 90011 050 ***150.00

DOCUMENT # P02000125410 1. Entity Name EASY MORTGAGE & INVESTMENT CORP.			
Principal Place of Business 570 W. 43 FL A 14 HIALEAH, FL 33012		Mailing Address 1570 WEST 43RD PL. # 13 HIALEAH, FL 33012	
2. Principal Place of Business 15311 NW 60 Ave		3. Mailing Address 15311 NW 60 Ave	
Suite, Apt. #, etc. 100 B		Suite, Apt. #, etc. Suite 100 B	
City & State Miami Lakes		City & State Miami Lakes FL	
Zip 33014		Zip 33014	
Country USA		Country USA	
4. FEI Number 22-8884434		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIRINO, MAYRA 1570 WEST 43RD PL. # 13 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  </div> <div style="width: 60%;"> (NOTE: Registered Agent signature required when reinstating) DATE </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	OD CHIRINO, MAYRA L 1570 WEST 43RD PL. # 13 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD CHIRINO, ANTONIO 1570 WEST 43RD PL. # 13 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 trustee empowered to execute 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 other like empowered.			
SIGNATURE: 		2/26/06 (305) 558-0009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	