2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000128624

1. Entity Name
1ST ALTERNATIVE MORTGAGE, INC.

Principal Place of Business	Mailing Address
250 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707	250 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707

02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0720056

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DELGADO, IRIS
2526 KIOWA TRL
FERN PARK, FL 32730

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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 ______________________________ Date ________

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

H00000226426
02/12/05--80015--019 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MENDEZ, BILLY S
STREET ADDRESS	229 CUMBERLAND CIR UNIT
CITY ST ZIP	LONGWOOD, FL 32779
TITLE	MD
NAME	MENDEZ, LENNY L
STREET ADDRESS	2526 KIOWA TR
CITY ST ZIP	FERN PARK, FL 32730
TITLE	TD
NAME	DAVILA, LUIS
STREET ADDRESS	2526 KIOWA TR
CITY ST ZIP	FERN PARK, FL 32730
TITLE	PSD
NAME	DELGADO, IRIS
STREET ADDRESS	229 CUMBERLAND CIR WEST
CITY ST ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: I Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #