

**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.	
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Principal Place of Business. 250 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707	Mailing Address 250 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707
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02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
76-0720056

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DELGADO, IRIS 2526 KIOWA TRL FERN PARK, FL 32730

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of officer or director 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 a power of attorney.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

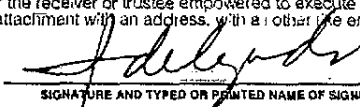
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1000000226426
02/12/05-80015-019 150.00

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a power of attorney.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR