

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128624

FILED  
May 01, 2006  
Secretary of State

Entity Name: 1ST ALTERNATIVE MORTGAGE, INC.

## Current Principal Place of Business:

250 WILSHIRE BLVD  
SUITE 110  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

250 WILSHIRE BLVD  
SUITE 110  
CASSELBERRY, FL 32707

## New Mailing Address:

FEI Number: 76-0720056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELGADO, IRIS  
2526 KIOWA TRL  
FERN PARK, FL 32730 US

## Name and Address of New Registered Agent:

DELGADO, IRIS  
229 W. CUMBERLAND CIRCLE  
LONGWOOD, FL 32779 US

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.

SIGNATURE: IRIS DELGADO

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: MENDEZ, BILLY S  
Address: 229 CUMBERLAND CIR UNIT  
City-St-Zip: LONGWOOD, FL 32779

Title: MD (X) Delete  
Name: MENDEZ, LENNY L  
Address: 2526 KIOWA TR  
City-St-Zip: FERN PARK, FL 32730

Title: TD (X) Delete  
Name: DAVILA, LUIS  
Address: 2526 KIOWA TR  
City-St-Zip: FERN PARK, FL 32730

Title: PSD (X) Delete  
Name: DELGADO, IRIS  
Address: 229 CUMBERLAND CIR WEST  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DELGADO, IRIS  
Address: 229 CUMBERLAND CIR UNIT  
City-St-Zip: LONGWOOD, FL 32779 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS DELGADO

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date