

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90044 029 ***150.00

DOCUMENT # P02000132396

1. Entity Name
INFINITY MORTGAGE SOLUTIONS, INC.



Principal Place of Business
2520 NW 16 STREET ROAD
MIAMI, FL 33125

Mailing Address
2520 NW 16 STREET ROAD
MIAMI, FL 33125

54019872



2. Principal Place of Business
7836 SW Coral Way

3. Mailing Address
7836 SW Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004

Chg-P

CR2E034 (10/03)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
41-2071679

Applied For
Not Applicable

Zip
33155

Country
Dade

Zip
33155

Country
Dade

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

6. Name and Address of Current Registered Agent

GLASER, CLAUDIA
2520 NW 16 STREET ROAD
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name
Claudia Glaser
Street Address (P.O. Box Number is Not Acceptable)
7836 SW Coral Way
City
Miami FL Zip Code 33155

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, register printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GLASER, CLAUDIA ☒ Delete
STREET ADDRESS 2520 NW 16 STREET ROAD
CITY-ST-ZIP MIAMI, FL 33125

TITLE STD
NAME DIAZ, GELASIO A ☒ Delete
STREET ADDRESS 2520 NW 16 STREET ROAD
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME GLASER CLAUDIA
STREET ADDRESS 7836 SW Coral Way
CITY-ST-ZIP Miami, Florida 33155

TITLE STD ☒ Change ☐ Addition
NAME DIAZ GELASIO A.
STREET ADDRESS 7836 SW Coral Way
CITY-ST-ZIP Miami, Florida 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #