

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000014855

1. Entity Name
INVESTORS CAPITAL MORTGAGE GROUP, INC.



Principal Place of Business
1414 NW 107 AVE
SUITE 109
MIAMI, FL 33172

Mailing Address
1414 NW 107 AVE
SUITE 109
MIAMI, FL 33172



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0445255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BALZOLA, CARLOS
1414 NW 107 AVENUE
SUITE 109
MIAMI, FL 33172

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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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 BALZOLA, CARLOS A
STREET ADDRESS 1414 NW 107 AVE, SUITE 109
CITY-ST-ZIP MIAMI, FL 33172

TITLE VD
NAME FERNANDEZ, JORGE
STREET ADDRESS 1414 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 33172

TITLE TD
NAME GONZALEZ, LUIS
STREET ADDRESS 1414 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 33172

TITLE SD
NAME GONZALEZ, GLENDA
STREET ADDRESS 1414 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000561719
05/19/06-80026-002 150.00

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IN THIS SPACE**

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 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 #