Apr 29 2005 11:54AM MITCH ALLEN CPA

FILED
May 09, 2005 8:00 am
Secretary of State
05-09-2005 90286 035 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000047742

1. Entity Name
ALTIMA FUNDING, INC.

Principal Place of Business	Mailing Address
111 E BOCA RATON RD BOCA RATON, FL 33432	111 E BOCA RATON RD BOCA RATON, FL 33432

14017366

2. Principal Place of Business	3. Mailing Address
2840 N.W. Boca Raton Rd	2840 N.W. Boca Raton Rd
Suite, Apt. #, etc. #105	Suite, Apt. #, etc. #105
City & State Boca Raton, Fla.	City & State Boca Raton, Fla.
Zip 33431 Country USA	Zip 33431 Country USA

04292005 Chg-P CR2E034 (10/03)

4. FEI Number 90-0076674 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAZ, ANTHONY 111 E BOCA RATON RD BOCA RATON, FL 33432	Name Anthony Vaz Street Address (P.O. Box Number is Not Acceptable) 2840 N.W. Boca Raton Blvd. #105 City Boca Raton, FL Zip Code 33431

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZ, ANTHONY 111 E BOCA RATON RD BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZ, Anthony 2840 N.W. Boca Raton Blvd. #105 Boca Raton, Fla. 33431 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________________ 5/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #