2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P03000063333

Entity Name: IMMOBILIARE FUNDING GROUP INC.

Current Principal Place of Business:

1792 BELL TOWER LN., SUITE 208
WESTON, FL 33327

New Principal Place of Business:

1792 BELL TOWER LN
SUITE 208
WESTON, FL 33326

Current Mailing Address:

P. O. BOX 266886
WESTON, FL 33326

New Mailing Address:

FEI Number: 11-3702671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALOFRE, MARGARITA R
2058 HACIENDA TERR.
WESTON, FL 33327 US

Name and Address of New Registered Agent:

GALOFRE, LUISA F
713 TANGLEWOOD CIRCLE
WESTON, FL 33327 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: LUISA F. GALOFRE 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: GALOFRE, MARGARITA R
Address: 2058 HACIENDA TERR.
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: GALOFRE, LUISA F
Address: 713 TANGLEWOOD CIR.
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: MONTOYA, LUIS F
Address: 713 TANGLEWOOD CIR.
City-St-Zip: WESTON, FL 33327

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: FLORES, LUIS G
Address: 1792 BELL TOWER LN SUITE 208
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change ( ) Addition
Name: GALOFRE, LUISA F
Address: 713 TANGLEWOOD CIR.
City-St-Zip: WESTON, FL 33327

Title: DIR (X) Change ( ) Addition
Name: URIBE, JUAN G
Address: 1792 BELL TOWER LN SUITE 208
City-St-Zip: WESTON, FL 33326

Title: SEC ( ) Change (X) Addition
Name: ESCOBAR, JAVIER R
Address: 1792 BELL TOWER LN SUITE 208
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUISA GALOFRE VP 04/29/2005
Electronic Signature of Signing Officer or Director Date