
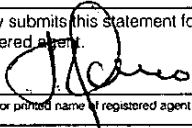
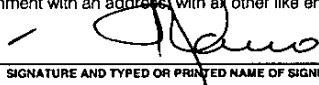


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 004 ***150.00

DOCUMENT # P03000088571 1. Entity Name CERTIFIED MORTGAGE FINANCIAL CORPORATION					
Principal Place of Business 700 WEST VINE ST. SUITE 203 KISSIMMEE, FL 34741			Mailing Address 700 WEST VINE ST. SUITE 203 KISSIMMEE, FL 34741		
2. Principal Place of Business 6616 Kingspointe Pkwy Suite, Apt. #, etc. Pkwy			3. Mailing Address 6616 Kingspointe Pkwy Suite, Apt. #, etc.		
City & State Orlando, FL			City & State Orlando, FL		
Zip 32819		Country ORANGE		Zip 32819	
Country ORANGE		4. FEI Number 02-0702490			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALAMO, ISMAEL 2842 OSPREY COVE PLACE APT. 101 KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  DATE: 4-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ALAMO, ISMAEL 2842 OSPREY COVE PLACE APT. 101 KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Alamo, ISMAEL 9632 Osprey Landing Dr Orlando, FL 32832	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALAMO, ISMAEL 2842 OSPREY COVE PLACE APT. 101 KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Alamo, ISMAEL 9632 Osprey Landing Dr Orlando, FL 32832	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4/12/05 407-483-2632 <small>Date Daytime Phone #</small>		