

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90106 028 \*\*\*150.00

DOCUMENT # P03000111362

1. Entity Name  
INTERFUND MORTGAGE CORP.



40109423

Principal Place of Business  
660 W ROGERS CIRCLE  
STE 14  
BOCA RATON, FL 33487

Mailing Address  
660 W ROGERS CIRCLE  
STE 14  
BOCA RATON, FL 33487



2. Principal Place of Business - No P.O. Box #  
1801 Clint MOORE Rd

3. Mailing Address  
1801 Clint MOORE Rd

Suite, Apt. #, etc.  
# 217

Suite, Apt. #, etc.  
# 217

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

Zip  
33487

Country

Zip  
33487

Country

04102007 Chg-P CR2E034 (12/06)

4. FEI Number  
75-3135930

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BLOOM, ASHLEY  
6600 W ROGERS CIR STE 14  
BOCA RATON, FL 33487

## 7. Name and Address of New Registered Agent

Name  
BLOOM, ASHLEY

Street Address (P.O. Box Number is Not Acceptable)

1801 Clint MOORE Rd # 217

City  
Boca Raton

FL

Zip Code  
33487

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

04/11/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
BLOOM, ASHLEY  
6600 W ROGERS CIR STE 14  
BOCA RATON, FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BLOOM, ASHLEY  
1801 Clint MOORE Rd # 217  
Boca Raton FL-33487 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLOOM, HOWARD  
6600 W ROGERS CIR STE 14  
BOCA RATON, FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLOOM, HOWARD  
1801 Clint MOORE Rd # 217  
Boca Raton FL-33487 ☒ 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

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

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

04/11/07 (561) 912-0029

Date

Daytime Phone #